



Form No Dues

(For processing of the relieving order, experience certificate etc.)

Note: Dues, here refer to pending payments, pending returning of books/lab materials/stationery or such articles including the ID card.

Name of the Student		S.R. Number	
Degree registered for		Date of degree registration	
Thesis supervisor(s)			
Fellowship/Financial assistance was received up-to (mention date):			
Date of leaving the Centre		Reason:	
<i>If leaving the Centre prior to completion of studies, proceed to the next table.</i>			
Date of Thesis Submission		Date of Thesis Defense (If applicable)	

Note: Once initiated the process with Thesis supervisor(s) signing, proceed for other entries. The form is to be submitted within 03 working days. If delayed, fresh entries are to be made.

No.	Section/Office	Dues, if any	Signature	Date	Remarks, if any
1	<u>Laboratory</u> <ul style="list-style-type: none"> Keys – Door/ Store/ Cupboard/Table drawer /Storage Rack Samples/Equipment/Tools Lab Note Book Project completion report, if applicable Laptop/Hard Disk/ Pen drive Other 		Signature of the Thesis supervisor with date		
2	Unit office				
3	Accounts section (Fellowship, fees, advance, TA/DA etc.)				
4	Establishment office (Medical and Group Insurance)				
5	<u>Library</u> <ul style="list-style-type: none"> Reference Books/Journals/ Magazines Library late fee, if any 				
6	Hostel office/ NVSH				
7	Dining hall				

8	Computer lab Retaining of domain email ID				
9	Radiation card (if applicable)				
10	Security office Identity Card is invalidated <input type="checkbox"/>				
11	Academic office <input type="checkbox"/> Information to fellowship agency				

- I have cleared the dues mentioned above and the copies of documents are attached. ☐
- Dues, if any, subsequent to my relieving order will be paid by me as soon as I receive the intimation. ☐
- Subsequent to me leaving the Centre, I can be contacted on Phone/Mobile No.....
or on Email (give email id external to JNCASR domain):

I request for processing of my relieving order.

Signature of the Student

Date:

Note: Submit the duly filled in form to the Academic office for further processing.

.....**Academic office use**

Forwarding for processing of the relieving order with remarks, if any.

Signature of the Deputy Controller of Examinations

Date:

.....**Administration office use**

Approved to issue the relieving order.

Administrative Officer

Date.
