

Office of Research, Sponsored Projects and Consultancy

Name of Employee & PF No.:													
Designation:													
Project No.:		Sp	ons	ori	ing	g A	lge	enc	cy:				
Project Title:													
Duration of Appointment:	From:		Т	`o:									
Date of Reliving/ Termination (if applicable):													
If re-employed, Project No.:													
Bank Account details:	Bank Name:												
Balik Account details.	Account No.:												
Mobile No.:										 	 	 	

No Dues Certificate

S. No.	Department/Section/Unit	Details of Dues, if any	Date	Sign/Name of the person certifying
1.	PI and Project Lab			
2.	Discipline			
3.	Computer Centre			
4.	Library			
5.	Hostel /Rewa Residency/others			
6.	Central Mess			
7.	Primary Health Centre			
8.	Central Workshop			
9.	Office of Dean RSPC			

Signature of Project Employee:

AR/DR (RSPC)

Note: For obtaining the experience certificate submit a copy of completed No Dues form in all respects along with an application duly **recommended and forwarded** by Project Investigator to RSPC section.