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| --- | --- |
| .  A description... | **भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान मोहाली**  (शिक्षा मंत्रालय भारत सरकार)  सैक्टर-81, नाँलेज सिटी, पो. ओ. मनौली, एस. ए .एस. नगर, मोहाली, पंजाब - 140 306  **INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH MOHALI**  (Ministry of Education, Govt. Of India)  Sector – 81, Knowledge City, P.O. Manauli, S.A.S. Nagar, Mohali, Punjab -140 306 |
| **● Phone : +91-172-2240124 ● Fax : +91-172-2240124 ● http://www.iisermohali.ac.in** | |

**NO DUES CERTIFICATE**

Date :……………………..

1. Name of the Employee:……………………………………………………………………….………………………………………….

2. ID Number:……………………...................... 3 Designation: ………………………….………..……………………….

4. Section/Division: ………………………………………………….…………………………………………………………………………

5 Reasons for seeking NDC : ………………………………………….……………………………………………………………………

6 Effective Date: ……………………………………..

7 Future Address: ……………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………….

(Signature of the Employee)

8 No Objection for his/her relieving from the present position:……………..…………………………………….

***(Head of the Department )***

**------------------------------------------------------------------------------------------------------------------------------------------**

**9** **This is to certify that nothing is outstanding against the employee as named above:**

**Sr No.** **Section Name Authorized Signatory**

1. Stores and Purchase:

(Assistant Registrar (S&P)

1. Library:

(Library Incharge)

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1. Accounts Section :

(AR / Superintendent)

d) Head of the Labs:

Biology: ……………………………….. Chemistry: ..………………………… Physics: ………………………………

e) IWD/Estate Office :

(Executive Engineer (Civil/Electrical)

…………………………………………………………………………………………………………………………………………………………

1. Establishment Section (for ID Card & Medical Card):

(Superintendent/OA)

1. Visitor Hostel :

(Visitor Hostel In-Charge)

1. Hostel:

( Warden )

Sh./Smt…………………………………………………, has handed over the charge of this position to Sh./Smt………………………………………………… with all record/documents complete in all respect.

(Head of the Division/Section)

***FOR ESTABLISHMENT SECTION***

Sh./Smt…………………………………………………………………………………………………, has been submitted the *NO DUES CERTIFICATE* from all concerned and nothing is outstanding in his/her name.

No Dues Certificate is placed below for signature.

(AR - Estt)

***(Registrar) (Director)***

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