

Date:

**No Due Certificate**

1. Name of the Scholar:

2. Registration No. :

Batch:

3. School:

Department:

Signature of the Candidate:

S.No.	School/Departments	Date	Dues/No Dues	Name & Signature with Seal
1.	Accounts department			

Name and Signature of Supervisor (with Seal):

Name and Signature of Co-Supervisor, if any (with seal):

Directorate of Research and Innovation: (with Seal)