INDIAN INSTITUTE OF TECHNOLOGY ROPAR

**NO DUES**

ACADEMIC & EXAMINATION SECTION (PGS/UGS)

**No Dues Certificate**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Entry No.** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name (English) |  | |
| Name (Hindi) |  | |
| E-Mail |  | |
| Telephone no | Personal | Parents |
| Thesis viva date  (PG only) |  | |

Certified that there is nothing outstanding against the student:

|  |  |  |
| --- | --- | --- |
|  | Head of Department/ Coordinator  Dept/Centre name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Librarian |  |
|  | Faculty In-charge –SAC (Music, art club, gym) |  |
|  | Faculty In-charge (Cultural Activities) |  |
|  | Faculty In-charge (Sports) |  |
|  | Faculty In-charge (Science & Tech.) |  |
|  | NCC/NSS  ( tick whichever is applicable/NA for PG) |  |
|  | Hostel Warden  hostel Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Security Officer |  |
|  | Accounts Section |  |
|  | Academic Section (Identity Card) | Returned/ Not Returned |

|  |
| --- |
| Certified that I have nothing outstanding against me from any other unit of IIT Ropar  Signature of student & date |

|  |
| --- |
| Remarks by Jr. Superintendent (Academic Section)  Signature & date |

**Institution and Library Security Deposits Refund**

My security refund may be transferred to S.B A/c as per details given below:

1. S.B A/c No. in which security

refunds to be transferred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IFSC code, in case of non SBI IIT Ropar Account)

**I will keep this S.B A/c active at least upto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Signature of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_