

NO - DUES FORM OF NURSING INSTITUTE

Name of Student : _____

Name of Father / Mother : _____

Course : M.Sc. Nursing / B.Sc. Nursing / DGNM Enrollment No : _____

Date of Admission : _____ Date of Completion / Relieve : _____

Administrative Office	Handover Original Documents Yes / No	Signature of In-charge & Remarks (If any)
Departmental Library	Deposit Book & Library Cards Yes / No Deposit Student Identity Card Yes / No	Signature of In-charge & Remarks (If any)
Central Library	Deposit Book & Cards Yes / No	Signature of In-charge & Remarks (If any)

Signature of Class Coordinator (Final Year)	Signature of In-charge & Remarks (If any)	
Signature of Programme Coordinator	Signature of In-charge & Remarks (If any)	
Adult Health Nursing Lab.	Signature of In-charge & Remarks (If any)	
Community Health Nursing & Nutrition Lab.	Signature of In-charge & Remarks (If any)	
Child Health Nursing Lab.	Signature of In-charge & Remarks (If any)	
Obstetric & Gynecological Nursing Lab.	Signature of In-charge & Remarks (If any)	
Pre-clinical science Lab.	Signature of In-charge & Remarks (If any)	
A-V Aid Room	Signature of In-charge & Remarks (If any)	
Student Nursing Association & Co-Curricular Committee	Signature of In-charge & Remarks (If any)	
Alumni Association	Signature of In-charge & Remarks (If any)	

Bhaikaka University Administrative Office (If Applicable)	Signature of In-charge & Remarks (If any)
Bhaikaka University Account Office	Signature of In-charge & Remarks (If any)

FILL BY ADMINISTRATIVE OFFICE

Enclosure : Original Receipt of Security Deposition : Attached / Not Attached
 Deposit Amount Rs. _____ Receipt No. _____ Date : _____

Refund of Security Deposition :
 Without Deduction : Rs. _____ With Deduction : Rs. _____
 Reason of Deduction : _____

Account details in which Security Deposit Amount will be transfer :
 Name of Accounts : _____ Bank account number : _____
 IFSC Code of Bank : _____ Type of account : _____

Student's Mobile Number : _____

Student's Email Address : _____

Approval of Competent Authority : YES / NO

Date : _____ Signature of Principal : _____

Note :

- Attached photocopy of all receipts of payment from admission to last term, including the original receipt of the security deposit.
- In case of original receipt of security deposition loss please submit the affidavit as per format of institute.
- If the title is unsuitable in your case, please write "NOT APPLICABLE" and do not leave any details in blank.
- After all necessary signatures have been obtained, the administrative office of the nursing institute will consider the submission of the NOC form for the Principal's signature.
- Strongly advise to the candidate that he or she preserve one copy for future reference.
- It is the candidate's exclusive responsibility to complete the No Dues Form correctly.