



All India Institute of Medical Sciences, Raebareli

अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली

No Dues Form

This is to inform that Mr./Ms/Mrs..... Employee ID of (Department) on the rolls of is being relieved from the employment with the organisation with effect from You are requested to note this and also confirm hereby by duly signing below that your department has NO DUES from the above person.

Date:-

Sr. No	Department	Signature of HOD	Date
1.	Administration		
2.	Finance and Accounts		
3.	Information Technology		
4.	Engineering <ul style="list-style-type: none">• Electrical• Civil• RAC		
5.	Store Purchase		
6.	Department in which posted		

The above person's/employee full and final settlement has been finalized and paid on.....

Prepared/Checked by-

Date: