

NO DUES FORM

Date: __/__/____

Name of the Student :

Registration Number : SKVV/EN/

Name of the Course :

Academic Year :

Sl.No.	Particulars	In-Charge (Name and Post)	Signature
1	Library		
2	Hostel		
3	Computer Lab		
4	Stores		
5	Accounts (for any fee dues)		

Signature of the Student

Head of the Department