

All India Institute of Medical Sciences, Mangalagiri

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि

No Dues Form

This is to inform that Mr./Ms/Mrs.....
designation.....employee ID
of (department) is being relieved from the employment with the
organization 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.

Sr. No	Department	Signature of In Charge	Date
1	Department in which posted		
2	Central store		
3	OT In charge		
4	AIIMS Pharmacy		
5	Central Diagnostics Laboratory		
6	CSSD		
7	Library		
8	Hostel		
9	Residential Quarters section		
10	MRD		
11	Blood bank		
12	MS Office		
13	Ward In-charge		
14	Administration		
15	Finance and Accounts		
16	Information Technology		
17	HMIS Admin		
18	Engineering		
19	NS/ANS/SNO		
20	Chief Security Officer		

Employee signature

Dean/MS/DDA

Date: