

All India Institute of Medical Sciences, Mangalagiri

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि

No Dues Form

This is to inform that Dr./Mr./Ms.
designation.....employee ID
of (department) has joined on..... 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 after duly verification in the relevant record.

Sr. No	Department	Signature of the In Charge	Date
1	Department in which posted		
2	Central store		
3	OT In charge		
4	AIIMS Pharmacy		
5	Central Diagnostics Laboratory		
6	Library		
7	Hostel		
8	Residential Quarters section		
9	MRD		
10	Blood bank		
11	Ward In-charge		
12	Administration		
13	Finance and Accounts		
14	Information Technology		
15	HMIS Admin		
16	Engineering		
17	NS/ANS/SNO		
18	F I/c Security		
19	EHS Cell		
20	Crèche		
21	Radiodiagnosis		
22	AEBAS		
23	e- Office (If Applicable)		

Employee signature & Date

Dean/MS/DDA