

# 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	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	F I/c Security		
21	EHS Cell		
22	Crèche		

Employee signature

Dean/MS/DDA

Date: