**INDIAN INSTITUTE OF PETROLEUM AND ENERGY**



**VISAKHAPATNAM**

Date:

**NO DUES/DUES CERTIFICATE**

1. Name of the Employee/Faculty: ………………………………………...………………..

2. Designation: ………….……………………………………………………………………………

3. Department: ………………………………………………………..……………………………..

4. Date of leaving: ……………………………………………...……………………………………

It is to certify that above mentioned employee/faculty has no dues toward our department/ office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL.** | **DEPARTMENT** | **DUES/**  **NO DUES** | **NAME OF THE OFFICER/ HEAD** | **SIGNATURE & DATE** |
| 1 | Finance Department (F&A) |  | FO / Accountant |  |
| 2 | Purchase & Store |  | FO / Procurement I/C |  |
| 3 | Library |  | Librarian /  Dy. Librarian |  |
| 4 | Admin/ Establishment Section |  | Off. Supdt. |  |
| 5 | IT/ Help Desk |  | In-Charge Helpdesk |  |
| 6 | Examination Cell |  | PIC/ In-Charge  Exam Cell |  |
| 7 | DIC (Petroleum Engineering) |  |  |  |
| 8 | DIC (Chemical Engineering) |  |  |  |
| 9 | DIC (Mechanical Engineering & Other Engg. Pgmes) |  |  |  |
| 10 | DIC (Humanities & Sciences) |  |  |  |

DR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant

**Registrar**