

**Teerthanker Mahaveer Medical College & Research Centre**  
*Bagarpur, Delhi Road, Moradabad*

**NO-DUES FORM**

Date: .....

It is certified that nothing remains due against:-

Mr./Ms.:.....

Roll No:.....

Course & Class : MBBS 1<sup>st</sup> Prof.

Acad. Session : 20---- 20----

So he/she may be issued No-dues certificate.

DEPARTMENT	SIGNATURE
Anatomy	
Physiology	
Biochemistry	
Accounts Section (Tution, Misc. Exps.)	
Central Library	
Hostel	

**Principal**

# Teerthanker Mahaveer Medical College & Research Centre

*Bagarpur, Delhi Road, Moradabad*

## NO-DUES FORM

Date: .....

It is certified that nothing remains due against:-

Mr./Ms.:.....

Roll No:.....

Course & Class : MBBS 2<sup>nd</sup> Prof.

Acad. Session : 20---- 20----

So he/she may be issued No-dues certificate.

DEPARTMENT	SIGNATURE
Pathology	
Microbiology	
Pharmacology	
Forensic Medicine	
Accounts Section (Tution, Misc. Exps.)	
Central Library	
Hostel	

**Principal**

**Teerthanker Mahaveer Medical College & Research Centre**  
*Bagarpur, Delhi Road, Moradabad*

**NO-DUES FORM**

Date: .....

It is certified that nothing remains due against:-

Mr./Ms.: .....

Roll No: .....

Course & Class: **MBBS 3<sup>rd</sup> Prof. Part-I**

Acad. Session: 20---- 20----

So he/she may be issued No-dues certificate.

DEPARTMENT	SIGNATURE
Community Medicine	
ENT	
Ophthalmology	
Accounts Section (Tution, Misc. Exps.)	
Central Library	
Hostel	

**Principal**

**Teerthanker Mahaveer Medical College & Research Centre**  
*Bagarpur, Delhi Road, Moradabad*

**NO-DUES FORM**

Date: .....

It is certified that nothing remains due against:-

Mr./Ms.:.....

Roll No:.....

Course & Class : **MBBS 3<sup>rd</sup> Prof. Part-II**

Acad. Session : 20..... 20.....

So he/she may be issued No-dues certificate.

DEPARTMENT	SIGNATURE
Medicine	
Surgery	
OBG	
Paediatrics	
Accounts Section (Tution, Misc. Exps.)	
Central Library	
Hostel	

**Principal**

# Teerthanker Mahaveer Medical College & Research Centre

Bagarpur, Delhi Road, Moradabad

## NO DUES CERTIFICATE

### FOR INTERNS

Name: .....Batch.....

S.No.	Department	No Dues/Dues (If Any)	Signature
1	Account Section		
2	Central Library		
3	Hostel (Boys/Girls)		
4	Community Medicine		
5	General Medicine		
6	Psychiatry		
7	General Surgery		
8	Anesthesiology		
9	Obst. & Gynae.		
10	Paediatrics		
11	Orthopaedics		
12	ENT		
13	Ophthalmology		
14	Casualty		
15	Dermatology	}	
	Pulmonary Medicine		
	Radio-diagnosis		
	Blood Bank		

Medical Superintendent

Principal