

# TEERTHANKER MAHAVEER UNIVERSITY

## College of M.Sc. Medical

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Date:

### No dues form

Name of Student : .....

Name of Father : .....

Course : .....

Batch / Year : .....

S. No	Name of Department	Signature
1	Account (Finance)	
2	Hostel warden	
3	Library	
4	Mess	
5	Transportation (Bus)	
6	Biochemistry	
7	Anatomy	
8	Physiology	
9	Microbiology	
10	Pharmacology	

**Course Coordinator (M.Sc. Medical)**