



NO DUES FORM FOR STAFF MEMBERS

Date: / /20 .

Shri./Smt. _____ has submitted his / her resignation on _____ from the post of _____. As a part of office procedure, all head of the department's (HOD) are requested to signature this form after concerned laboratories, library, store, accounts etc. certify that they have no dues from this staff member.

Sign. of Staff Member

Deputy Registrar

A) Department in which staff member was working: _____

Sr. No.	Name of Laboratories	Sign of HOD	Remark (if any)
1			
2			
3			
4			
5			
6			
7			

B) Other Departments :-

Deptt. Name	Sign of HOD	Deptt. Name	Sign of HOD
Establishment [For ID Card & Email]		Library	
Accounts		Stores	
--- : In case of staff is associated with any other department : ---			
E & Tc. Engineering		Civil Engineering	
Computer Engineering		C.E.E.S.	
Information Technology		M.B.A.	
Mechanical Engineering		Workshop	

Remark [if any]: _____

Deputy Registrar, MITCOE, Pune.

Principal, MITCOE, Pune.