J & D INSTITUTE OF NURSING

NO DUES CERTIFICATE (STUDENT CLEARANCE)

Name of Student: _____

Roll Number / Enrollment No: _____

Course & Year: _____

Reason for Clearance: (Completion of Course / Withdrawal / Other)

DEPARTMENTAL CLEARANCE STATUS:

Sr. No.	Department / Section	Remarks / Dues	Signature of HOD/In-charge
1	Academic Department (Files, Logbooks, Attendance)		
2	Library (Books, Journals, ID Card)		
3	Nursing Laboratories (Equipment, Breakage charges)		
4	Hostel / Mess (Room keys, Furniture, Food dues)		
5	Accounts Office (Tution Fees, Exam Fees, Fines)		
6	Clinical Coordinator (Hospital Logbooks, Clinical Hours)		
7	Sports / Cultural (Kit return, Event dues)		

DECLARATION BY STUDENT:

I hereby declare that I have returned all the property of the college and cleared all my

financial liabilities. I understand that any discrepancy found later may result in the withholding of my original certificates.

Student's Signature: _____ Date: _____

_____ _____

Office Superintendent Principal / Director Seal