

**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND ITS ASSOCIATED
HAHC HOSPITAL, JAMIA HAMDARD,
GURU RAVIDAS MARG,
HAMDARD NAGAR, NEW DELHI-110062**

NO DUES FOR EXAMINATION

Name:.....

Father's Name.....Course:.....Batch:.....

Enrolment Number.....Session:.....

Mobile:.....Email ID:.....

Examination: **MBBS:** 1st Professional/ 2nd Professional/3rd Professional Part-I/ 3rd Professional Part-II.

PG: Final Year/ Annual Examination

M.Sc.: 1st Year/ 2nd Year/ 3rd Year. **MPH:** 1st/ 2nd Year

Day Scholar: Yes/No

No Dues Certified by:

S.No.	Department	Remarks	Signature with Name
1.	Finance Section		
2.	Hostel Warden (Girls/Boys)		
3.	Hostel Mess I/c		
4.	Examination Fee	1. Fee Paid..... 2. Fee Receipt No..... 3. Session.....	

Enclosures:

1. Copy of last Tuition fee Paid
2. Copy of Examination fee receipt paid
3. Copy of Thesis fee, if any

Signature of student

Note- Last Date for submission of No dues form along with completely filled examination form should be submitted 25 Days prior to the date of examination. Else, fine will be charged for late submission of examination form as per norms. No form will be accepted before 20 Days prior to the date of examination.