

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

NO DUES FORM FOR FEE

Name:.....

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

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

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

MBBS: 1st / 2nd / 3rd / 4th / 5th Year

PG: 1st / 2nd / 3rd Year

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

No Dues Certified by:

S.No.	Department	Remarks	Signature with Name
1.	Tuition Fee		
2.	Examination Fee		
3.	Thesis Fee		
4.	Any other fee		

Enclosures:

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

Signature of student