



**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND
ASSOCIATED HAH CENTENARY HOSPITAL,
HAMDARD NAGAR, NEW DELHI-110062**



H-2022-1041
Oct 07, 2022 - Oct 06, 2026

NO DUES CERTIFICATE (Non- Teaching)

Mr. / Ms. _____ to be relived on _____ F/N, A/N.

The Incharge of the following department are requested to mention if dues/ articles are understood against him/her. This form is for Non- Teaching Faculty.

DOJ...../DOR...../EMP ID.....

DEPT..... DESIGNATION.....

S.No	Name of the Department	Remarks	Signature
1.	HOD, Concerned Department		
2.	General Store / Medical Store		
3.	Pharmacy		
4.	Department In- Charge/ Concerned ANS		
5.	Nursing Superintendent		
6.	OPD/ Registration Counter		
7.	Medical Record Department		
8.	Maintenance Engineering		
9.	Security In-Charge		
10.	Radiology Department		
11.	HOD, Laboratory		
12.	Incharge, Operation Theatre		
13.	Hostel Warden (For Residents only)		
14.	Linen & Laundry Department		
15.	HIS Department		
16.	IT Department		
17.	Quality Department		
18.	Section Officer, Accounts		
19.	Medical Superintendent		
20.	Dean/ Principal, HIMSR		
21.	Pay Roll / Human Resource (HAHCH/ HIMSR)		
21.	Finance Department (HAHCH/ HIMSR)		