



**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 (Teaching)

Mr. / Ms. / Dr. _____ 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 Teaching Faculty.

(DOJ...../DOR...../EMPID.....)

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

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