

## STUDENT'S DUES/NO DUES CERTIFICATE

**DEPARTMENT** : DEPARTMENT OF HEALTH AND ALLIED SCIENCE  
**PROGRAM** : BACHELOR OF PHARMACY (PHARMACY)  
**NAME OF THE STUDENT** : SATYAM TIWARY **BATCH YEAR** : 2021  
**FATHER'S NAME** : HARI SHANKAR TIWARY **MOTHER'S NAME** : PUSPA TIWARY  
**EXAMINATION** : ODD 2023-24 **DATE OF BIRTH** : 18-12-2002  
**REG/ENROLL. NO** : AJU/210406 **SEMESTER** : V  
**ROLL NUMBER** : AJU/210406/BPHM/41 **EMAIL ID** : satyamtiwary18@gmail.com  
**MOBILE NUMBER** : 7493979375

SR. NO	DEPARTMENT	NAME OF INCHARGE	AMOUNT	REMARK	DUES SIGNATURE WITH STAMP	NO DUES SIGNATURE WITH STAMP
1	PROGRAM CORDINATOR					
2	LABORATORY/ ASSIGNMENT/ OTHER					
3	LIBRARY INCHARGE					
4	ACADEMIC DEPARTMENT					
5	ACCOUNTS INCHARGE					

Program Co-ordinator

Dean

### Acknowledgment

This is to certify that Mr./Ms. \_\_\_\_\_ Enroll Number \_\_\_\_\_ a student of \_\_\_\_\_ Program, Branch \_\_\_\_\_ Semester \_\_\_\_\_ has cleared his/her all dues and there is no dues pending at his/her side.

Signature

Dean / Program Co-ordinator