

Central Institute of Management Nepal University

Format No. 101

No Dues Certificate

Name:

Date:.....

Designation:

Deptt.:

| S. No. | Name of the Office (Department/Section) | Signature & Designation of the Dealing Hand | Signature & Designation of the Officer In-charge | Remarks, if any |
|--------|---|---|--|-----------------|
| 1 | HoD office | | | |
| 2 | Lab | | | |
| 3 | Library | | | |
| 4 | Hostels / Guest House | | | |
| 5 | Mess | | | |
| 6 | Transport / GAD Office | | | |
| 7 | Store | | | |
| 8 | Finance / Accounts Office | | | |
| 9 | Controller of Examinations | | | |
| 10 | ICT Cell Employee ID Card | | | |
| 11 | Bank | | | |
| 12 | Estate Section | | | |
| 13 | AdministrativeOffice / ESTT | | | |

(Signature of Employee)

Submitted for approval:

**Registrar
Central Institute of Management
Nepal University**