

**DEPARTMENT OF MEDICAL EDUCATION & RESEARCH,
GOVT. MEDICAL COLLEGE & HOSPITAL, CHANDIGARH**

(Hospital Building), Sector 32-B, Chandigarh-160 030 Ph. No. 0172-2665253-60, Fax No. 0172-2609360

(ESTABLISHMENT BRANCH-I)

NO DUES CERTIFICATE

It is to certified that there is nothing due against Dr. _____
S/D/W/o _____ R/o (Permanent) _____
Mobile No. _____ who has worked in this Institute as _____
in the Department of _____ upto _____ he/she is
leaving the Institute due to _____.

1. Library : _____
2. Pharmacy Unit : _____
3. Communication Cell : _____
4. Medical Record Department: _____

OPD/IPD C.R. No. : _____
Dependents Name (Parents) : _____
Husband/Wife : _____
Son/Daughter : _____
5. Canteen/Mess : _____
6. Hostel Office : _____
7. Estate Branch : _____
8. License Fee Clerk : _____
9. Bill Assistant : _____
10. Cashier : _____

11. State Bank of India (GMCH Branch) _____
12. Central Store : _____

- Store Officer (H) : _____

13. Academic Branch : _____
14. IT Centre : _____
15. EA3 of Establishment-I : _____
16. Head of the concerned Department _____