



TIMSCDR/FRM/IP/02-05

Revision: A

To,
The Director,
TIMSCDR
Thakur Village, Kandivali (East)
Mumbai: 400 101.

Date: - _____

Subject: No. Dues

I the undersigned Mr./Ms. _____ student of your Institute have completed my MCA 2/3 years Post Graduate Degree Program. I submit below the No - Dues Certificate

CERTIFICATE OF CLEARANCE OF DUES

Sr. No.	Authority	Signature
1	Librarian	
2	TPO	
3	Examination In-charge	
4	Accountant	

I request you to kindly refund my deposits for Library and Laboratory.

I submit herewith the following documents:

1. Original Fees Receipt for 1st Year, and Xerox Copy of Fee Receipts for 2nd & 3rd Year.
2. Copy of Mark-sheet 2nd/3rd Year
3. Copy of offer letter of the company / organization currently employed / Self-employed status.
4. My Account details /Cancelled Cheque (Xerox Copy)
5. Original Identity Card & Library Card.

Roll No.: _____

Signature of the Candidate: _____

The deposits as above may be refunded.

Office In-charge

Deputy Director

Director