



नैनो विज्ञान एवं प्रौद्योगिकी संस्थान

(विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार का एक स्वायत्त संस्थान)

नांलेज सिटी, सेक्टर 81, साहिबजादा अजीत सिंह (एस .ए.एस) नगर, मोहाली, पंजाब 140306, भारत

INSTITUTE OF NANO SCIENCE & TECHNOLOGY

(An Autonomous Research Institute of Department of Science and Technology, GOI)

Knowledge City, Sector 81, S.A.S Nagar- 140306, Punjab

NO DUES CERTIFICATE (FOR PROJECT FELLOWS)

NAME		
PROJECT NO. AND PROJECT TITLE		
E-MAIL		
TEL. NO.	PERSONAL	PARENTS
DATE OF JOINING		
DATE OF RESIGNATION/ COMPLETION OF TENURE		

Certified that there is nothing outstanding against the student:

SR. NO.	DEPARTMENT	NO DUES DONE / PENDING				SIGNATURE OF THE OFFICER
1.	Research Advisor/ Supervisor/ PI Name: Designation:	Lab Consume Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Equipments/Parts Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Research Data Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Book Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Others	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Dean Academics					
3.	Dean Administration					
4.	HOD EE Unit (Prof. Debabrata Patra)	Lab Consume Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Equipments/Parts Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Research Data Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Book Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Others	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
5.	HOD QMD Unit (Dr. Md. Ehesan Ali)	Lab Consume Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Equipments/Parts Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Research Data Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Book Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Others	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
6.	HOD CB Unit (Dr. Rahul K Verma)	Lab Consume Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Equipments/Parts Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Research Data Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Lab Book Handed Over	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
		Others	Yes	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Library (Dr Chandan Bera/Dr. Sanyasinaidu Boddu) and Mr. Ankush					

8.	Hostel Warden (Dr R. S. Dey/ Deepika Sharma) and Ms. Meenakshi Negi		
9.	Canteen and Welfare Committee (Dr. Amit Kumar Mondal)		
10.	Security Supervisor (Mr. Gurnam Singh)		
11.	Store and Purchase <ul style="list-style-type: none"> • Mr Rohit • Ms Kamini • Mr Sandeep • Mr Paramjeet Singh 		
12.	(I-Card) Academic Section (Ms. Vandana/ Ms. Sheenam)	Returned/ Not Returned	
13.	Accounts Section (Finance Officer Ms. Vibha Mehta) and Shiwani		
14.	IT and Website Department (Dr. Bhanu Prakash and Mr. Nitin)		
15.	Sports Department (Dr. Debabrata Patra) (Sports In Charges Should Check In /Out Register Before Signing For No Dues Clearance)		

Certified that I have nothing outstanding against me from any other unit of INST, Mohali. I also have certified that while working in project RP No..... as project staff whatever data/ product, I have generated under the guidance of my supervisor, shall remain the property of INST, Mohali and I have handover the same to the PI/Co-PI I, in no way will make use of the property of INST either through publication or transfer or any other means with any organization/ publisher without the specific approval of INST, Mohali by making a formal request first and then obtaining a written consent.

Signature of Student & Date

Address for refund and further correspondence **(Please fill)**

Pin code: _____

(Signature of the Student & date)

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Remarks if any (Accepted/ Not Accepted),

**Dean Academics/ Supervisor/ Coordinator
Signature and Date**