

K.B.H. S.S. Trust's Institute of Pharmacy

Malegaon Camp, Malegaon

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NO-DUES CERTIFICATE FOR B. PHARM. STUDENTS

All heads of Departments/Units/Sections and Librarian are requested to indicate the dues and liabilities, if any, outstanding against the student. Following section in charge should mention remark dues or No dues clearly and put their signature.

| Name of the student: | | | Cours | e detai | Is and | |
|----------------------|------------|-------------------|-------|---------|---------|--------|
| class: | Roll No. : | Category: SC / ST | / NT | / OBC / | / SBC / | / Open |

| Sr. No. | Section | Dues | No Deus | Signature |
|---------|------------------------------|------|---------|-----------|
| 1. | Class Teacher | | | |
| 2. | Exam Section | | | |
| 3. | Library | | | |
| 4. | Lab In charge Pharmaceutics | | | |
| 5. | Lab In charge Pharmaceutical | | | |
| | Chemistry | | | |
| 6. | Lab In charge Pharmacognosy | | | |
| 7. | Lab In charge Pharmacology | | | |
| 8. | Store Section | | | |
| 9. | Account Section | | | |