Sri MANAKULA VINAYAGAR
Medical College and Hospital
An Autonomous Institution
Kalitheerthalkuppam, Puducherry - 605 107

NO DUE CERTIFICATE FOR MD/MS – STUDENTS
COURSE COMPLETION

NAME **:** Reg. No: _____

BATCH **:** DEPARTMENT :

SECTION	COMMENTS	SIGNATURE
CENTRAL LIBRARY:		
EDP:		
HOD:		
HOSTEL WARDEN :		
CASHIER :		
ADDRESS FOR COMMUNICATION:	**Ph:** **Email ID:**	

THE REGISTRAR:

Due : _____

Paid : _____ No Due: ☐

Balance: _____

Certificates: Issue / Not to Issue

Sign of Registrar

DIRECTOR

Date **:**

Sri MANAKULA VINAYAGAR
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An Autonomous Institution
Kalitheerthalkuppam, Puducherry - 605 107

NO DUE CERTIFICATE FOR MD/MS – STUDENTS

Hall Ticket

NAME : **Reg. No: _____**

BATCH : **DEPARTMENT :**

SECTION	COMMENTS	SIGNATURE
DEAN (Academic)		
DEAN (Research)		
CENTRAL LIBRARY:		
DIRECTOR OFFICE :		
HOD:		
HOSTEL WARDEN :		
CASHIER :		

THE REGISTRAR:

Due : _____

Paid : _____ No Due: ☐

Balance: _____

Hall Ticket: Issue / Not to Issue

Sign of Registrar

Date **:**

DIRECTOR