



**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND  
ASSOCIATED HAH CENTENARY HOSPITAL,  
HAMDARD NAGAR, NEW DELHI-110062**



H-2022-1041  
Oct 07, 2022 - Oct 06, 2026

**NO DUES CERTIFICATE (Teaching)**

Mr. / Ms. / Dr. \_\_\_\_\_ to be relived on \_\_\_\_\_ F/N,  
A/N. The Incharge of the following department are requested to mention if dues/ articles are understood against him/her. This form is for Teaching Faculty.

(DOJ...../DOR...../EMPID.....)

DEPT..... DESIGNATION.....

S.No	Name of the Department	Remarks	Signature
1.	HOD, Concerned Department		
2.	General Store/ Medical Store		
3.	Pharmacy		
4.	Radiology Department		
5.	HOD, Laboratory		
6.	Incharge, Operation Theatre		
7.	Hostel Warden (For Residents only)		
8.	HIMSR, Library		
9.	Linen & Laundry Department		
10.	Engineering Maintenance Engineering		
11.	AEBAS, Nodal Officer		
12.	HIS Department		
13.	IT Department		
14.	Quality Department		
15.	Section Officer, Accounts		
16.	Medical Superintendent		
17.	Dean/ Principal, HIMSR		
18.	Pay Roll / Human Resource (HAHCH/ HIMSR)		
19.	Finance Department (HAHCH/ HIMSR)		