



**LAKHIMPUR MEDICAL COLLEGE AND HOSPITAL
NORTH LAKHIMPUR, ASSAM**

NO DUES CERTIFICATE

To be filled by Employee (in capital letter)

Date:

Name :
Designation :
C/O - :
Address (for correspondence) :

Mobile Number :

To be filled and signed by respective departments

S. No	Department	Signature and Name	Counter Sign with stamp
1.	Head of the Department		
2.	Library		
3.	MRD		
4.	Quarter/Hostel Warden		
5.	ID Card		
6.	Accounts		
7.	In-charge of concerned department/ward/place of posting (G-III/G-IV)		
8.	Nursing Superintendent (mandatory for staff nurses)		
9.	Water / Electricity		
10.	Garbage		

Verified by:

Employee signature:

Date:

Date:

**Principal cum Chief Superintendent/Superintendent
LMCH, North Lakhimpur**