



अखिल भारतीय आयुर्विज्ञान संस्थान, पटना ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institute of National Importance under Ministry of Health & Family Welfare)

भारत सरकार / Government of India

अधिष्ठाता (शैक्षणिक) कार्यालय / Office of the Dean (Academics)



Date: __/__/2025

FORM OF NO DUES (FACULTY)

Name:

Biometrics ID:

Date of Joining:

Internet Access ID:

Designation:

Last Working Date:

Department:

Department	Name	Date & Signature of Faculty In-charge /Officers	Comments, if any
Head of Department (Please mentioned last day of working in your department)			
Dean (Research)			
Dean (Examination)			
Finance Section			
Central Store			
OPD Store			
Central Library			
IT(Information Technology) Thumb Impression)			
CUG Phone (IT Cell)			
Official Email Id (IT Cell)			
Electric Bill Dues			
DG Room (If AIIMS Quarter Allotted)			
License Fee Dues (Finance Section)			
Bank of India			
OT 6 th Floor			
Medical Record Department			
AO Office			
MS Office			
EHS Cell			
HIS Cell			

{Submit in Office of the Dean (Academics)}

Signature with Date: