



तनदशक (एनडस) का कायालय  
OFFICE OF THE DIRECTOR (ANIIMS)  
अण्डमान नलकोबार द्वीप समूह चिकित्सा संस्थान  
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES  
अण्डमान तथा नलकोबार प्रशासन  
Andaman & Nicobar Administration

Date: .....

**NO DUES CERTIFICATE (Administrative/ Para Medical Staffs)**

I, .....;working as ..... in the department of ..... under ANIIMS, Port Blair have resigned from the said post. This is to certify that there are no dues pending against me.

Date of Duty joining at the time of appointment : \_\_\_\_\_

Notice period : from \_\_\_\_\_ to \_\_\_\_\_

Last date of Working : \_\_\_\_\_

Department : \_\_\_\_\_

Accommodation (.....)  
(Name & Signature) : \_\_\_\_\_

Transportation (Name & Signature) : \_\_\_\_\_

Central Library, ANIIMS (Name & Signature) : \_\_\_\_\_

Cafeteria : \_\_\_\_\_

Procurement Cell : \_\_\_\_\_

Accounts (Name & Signature) : \_\_\_\_\_

Establishment (Name & Signature) : \_\_\_\_\_

Name & Signature of the Staff : \_\_\_\_\_

Permanent Address  
(With Phone Number) : \_\_\_\_\_

**Head of the Department  
(With Seal)**

Note:- Identity Card to be returned along with this format

**Director (ANIIMS)  
(With Seal)**