



निर्देशक (एनिम्स) का कार्यालय
OFFICE OF THE DIRECTOR (ANIIMS)
अण्डमान निकोबार द्वीप समूह चिकित्सा संस्थान
ANDAMAN & NICOBAR ISLANDS INSTITUTE OF MEDICAL SCIENCES
अण्डमान तथा निकोबार प्रशासन
Andaman & Nicobar Administration

Date:

NO DUES CERTIFICATE, Doctors

I,.....working asin 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 : _____

Contract Expired on : _____

Department (Name & Signature) : _____

Accommodation (.....)
(Name & Signature) : _____

Transportation (Name & Signature) : _____

Department Library (Name & Signature) : _____

Central Library, ANIIMS (Name & Signature) : _____

Cafeteria : _____

MCI Online faculty attendance monitoring
system (MCI-OFAMOS) (Name & Signature) : _____

Procurement Cell (Name & Signature) : _____

Accounts (Name & Signature) : _____

Establishment (Name & Signature) : _____

Name & Signature of the Staff : _____

Permanent Address : _____
(With Phone Number)

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

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

Note: ID Card & Library card to be returned along with **this** format

ANIIMS , DHS Annexe Building , Atlanta Point , Port Blair – 744104 | Phone No : 03192-234911/230599
Website : <http://andssw1.and.nic.in/aniims> | Email : diraniims.and@nic.in