



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 (Staff Nurse)**

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 : \_\_\_\_\_

Contract Expired on : \_\_\_\_\_

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

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

Department Library (Name & Signature) : \_\_\_\_\_

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

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

Procurement Cell (Name & Signature) : \_\_\_\_\_

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

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

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

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

**Signature of the Matron:  
(With Seal)**

**Medical Superintendent (With Seal)**

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

**Note:- Identity 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](mailto:diraniims.and@nic.in)