National Institute of Pharmaceutical Education & Research

Sector -67, S.A.S. Nagar (Mohali), Punjab – 160062

F-205/RS/A&E/2018-20/

Dated: 17.07.2020

Circular

All the students are required to submit two copies their thesis; one for Library & another one for their Advisor along with the No Dues Form duly signed by them. Further, all the students have to mention their complete name in Hindi Language in specific place provided in No Dues form, as the same will be printed on their degrees.

All students are required to submit the following documents along with the No Dues form:

- 1) Self attested copy of their matriculation certificate
- 2) Original ID card

Further it is informed that the students will leave two copies of bound thesis, No Dues Form (duly signed), Matriculation certificate (self attested) & ID card on the counter provided by Hostel Warden. Departmental office will be responsible to deliver the thesis to all concerned. Departmental office shall further get no dues from all concerned on behalf of student. It is clearly instructed that the Students will not go to any officials for their thesis as well as No Dues Certificate.

In case any student has lost his/her ID Card, he/she have to submit a copy of DDR.

(Prakriti Aggarwal) Section Officer (A&E)

CC:

- 1. The Director
- 2. The Dean
- 3. The Registrar to upload on NIPER website
- 4. All HOD/Incharges/Sectional Heads
- 5. Notice Board

National Institute of Pharmaceutical Education and Research Sector-67, S. A. S. Nagar – 160 062, Punjab, India

NO DUES CERTIFICATE FOR M.B.A.(PHARM.)

| | Registration No (Name as per 10 th certificate) a M.B.A.(Pharm.) student | | | |
|--|---|---|--|--|
| MR./Ms | | | | |
| the department of Pharmace | eutical Management has co | mpleted his/her Master Program and | | |
| submitted his/her final thesis. | All concerned are requested | to intimate to the about any dues lying | | |
| outstanding against the name | of the concerned. | | | |
| Name in Hindi (In the same sequence as in English Name) | 0 | Signature of Hindi officer: (check the correctness of name in Hindi.) | | |
| | | | | |
| 01. Deptt. Office | HOD | | | |
| 02. Hostel Mess | tel MessWarden | | | |
| 03. Library (Dues/books/copy | of thesis submitted): | In-charge Library | | |
| 04. Computer Centre | | | | |
| 05. Gym Swimi | Swimming Pool Security Officer | | | |
| 06. Administration | Stores and F | Purchase | | |
| 07. Accounts Section | ts SectionState Bank of Patiala | | | |
| 08. Cafeteria | | | | |
| 09. Address and account no, | for refund of security: | | | |
| | | | | |
| Signature of the Student Email Address: Mobile : Corresponding Address: | with Date | | | |

Section Officer (Academic & Examination)

National Institute of Pharmaceutical Education and Research Sector-67, S. A. S. Nagar – 160 062, Punjab, India

NO DUES CERTIFICATE FOR M.S.(PHARM.)/M.PHARM/M.TECH(PHARM.)

| | Registration No. | | | |
|---|--------------------------------|--------------------|---|--|
| MR./Ms | (Name as per 10 th | certificate) a M. | S.(Pharm.)/ M.Pharm./ | |
| M Tech (Pharm) student in the | department of | | has completed marter | |
| Master Program and submitted | his/her final thesis. All cond | cerned are reque | sted to intimate to the | |
| about any dues lying outstanding | g against the name of the cor | ncerned. | | |
| | | | | |
| Name in Hindi (In the same sequence as in English Name) | Signature of student | (check the c | of Hindi officer: correctness of name in | |
| | | | | |
| 01. Deptt. Office | Lab. In-charge: | _Advisor | HOD | |
| 01. Deptt. Office | Warden | (Copy of thesis su | ubmitted) | |
| 02. Hostel Mess | vvaluen | | | |
| 03. Library (Dues/books/copy | of thesis submitted): | Incharge libra | ary | |
| 04. C.I.L. 12 | 34 | 5 | (Incharge CIL) | |
| 05. Computer Centre | | | | |
| 06. Animal House | | | | |
| 07. Gym Swimr | ming PoolSe | ecurity Officer | | |
| 08. Administration | 1.D. wheel | | | |
| 09. Accounts Section | State Bank of Patiala | | | |
| 10. Cafeteria | | | | |
| 11. Address and account no. | for refund of security: | | | |
| | | | | |
| Signature of the Student | with Date | | | |
| Email Address: | | | | |

Mobile:

Corresponding Address:

Section Officer (Academic & Examination)