

VNS GROUP OF INSTITUTION (Faculty of Pharmacy)

VNS Campus, Vidhya Vihar Barkheda Nathu, Bhopal

NO-DUES CERTIFIACATE

20 _____ 20

Name:..... Roll No.....

Class: M.Pharmacy / B.Pharmacy.....

Library :

I certify that the said student has cleaned his/her all dues.

Store :

Store ;Main -----

Store : M. Pharmacy -----

I certify that the said student has cleaned his/her all dues.

Laboratory:

Laboratory

Head

Lab Assistant

M.Pharmacy

Pharmaceutics

Pharma.chem.

Pharmacognosy

Pharmacology

Instrumental lab

Office :.....

I certify that the said student has cleaned his/her all dues.

Accounts

Principal