

DHANARUA SCHOOL OF NURSING AND PARAMEDICS
NO DUES FORM

SR.NO.....

NAME:.....

DATE:.....

CLASS:..... REG.NO/ROLL NO..... WHATS APP NO.....

SR.NO.	NAME OF DEPARTMENT	DUES	REMARK	SIGNATURE
1	LIBRARY			
2	ACCOUNT DEPT			
3	ADMIN OFFICER			
4	CLASS CO ORDINATOR			
5	ATTENDANCE			
6	HOSTEL			
7	STORE			
8	CUMULATIVE RECORD			
9	INTERNAL ASSESSMENT REGISTER			
10	RESEARCH GUIDE			
11	ANY OTHER			