

SOUTH ASIAN UNIVERSITY

NO DUES FORM for Students (Rev 15-06-2022)

A. Particulars: Student's Name: Enrolment No Course Year Of Admission:_____ Date Of Leaving____ Whether Scholarship Holder: Yes/ No Complete Residential Address _____ Phone Number: Email: B. NO DUES FORM TO BE SIGNED BY FOLLOWING DEPARTMENTS S. No. Department Details of dues, if any Authorized official's signature with date Faculty Assistant 1. Department/ Lab Lab. Incharge (if Applicable) 2. Library A.D. (ICT) 4. Security Officer 5. Mess Manager STUDENTS MESS 6. Warden (MENS') / Warden (WOMENS') HOSTEL 7. AD (HSS) 8. Deputy Registrar (Scholarships) Office Assistant (DoS) 9. DoS Office (for sports item) 10. Accounts Department NOTE: - S. No. 6 above is not applicable for Day Scholars. C. This is to request that my Security Deposit may be refunded to me through cheque/ Bank Draft drawn in favour of _____ Bank Account _____payable at Number____ Date_____ Place _____

Student's Signature