

An Institute of National Importance, Ministry of Education, Govt. of India Sy.No. 4/4, ITI Road, Vijayawada – 520 008, Andhra Pradesh

Annexure B - Planning

## NO DUES FORM (for Completion of Studies)

(for UG, PG, & PhD Students of Final Semester – to be submitted to Head of Department, before the student leaves						
	campus/hostel after completion of Programme)	Date:	1	/20		
		Date.	/	_/20		
Name of the Student	·					
Registration No	:					
Course	:B.Plan. / M.Plan (URP / EPM / TP) / Ph.D (Please tick)					
Semester	: Odd / Even (Please tick)					
Academic Year	: 20					

Certified that the student named above has returned the materials and paid all the school dues in respect of:

S. No.	Particulars	Name of the in-Charge	Signature with Date
1	Library	Dr. Y.S. Rao	
2	Hostel	Chief Warden	
3	Mess	Ar. Deepak Kumar	
4	Accounts (School Fees due)	Accounts Section	
5	Anti-Ragging Committee	Mr. Karthik Ch.	
6	Sports/Musical Instruments	Dr. Prashanti Rao / Dr. Srinivas D / Mr. P. Santhosh Kumar	
7	Environmental Lab	Ms. Ekta	
8	GIS Lab	Dr. Naina Gupta	
9	Transportation Lab	Dr. Naina Gupta	
10	Central Computer Lab	Dr. Uma Sankar B / Mr. K M Govindan	
11	Thesis (Soft, Hard copy & Similarity Index)	Respective Thesis Coordinators	

Instructions: 1. The student is required to submit the duly filled 'No Dues' form to their respective Head's of the Department before leaving the campus/hostel; 2. The results of a student and final Semester marksheet & Provisional Certificate of Degree may be withheld if the duly filled and signed 'No Dues Form' is not submitted. (Refer A.O. 6.17(UG) and AO.6.16(PG&PhD), 3. If you are not engaged with any of the above Lab, mention N.A

(Signature of the Student)

#### Signature of Head, Dept. of Planning

# योजना तथा वास्तुकला विद्यालय, विजयवाड़ा School of Planning and Architecture, Vijayawada

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# BANK DETAILS FOR REFUND OF SECURITY DEPOSIT

Name As Per Bank A/c	
Name of the Bank	
Bank A/c No	
Branch Particulars	
Branch IFSC Code	
Students E-mail	
Student Mobile No.	
Student Father/Mother's Mobile No. and Contact details	
Correspondence / Permanent Address	

Date:

(Signature of the Student)

### FOR OFFICE USE ONLY (ACCOUNTS)

Following are the Particulars of refundable deposit (after adjustment of dues, if any):

SI.No	Name of deposit	Amount (Rs.)	Remarks ( If Any)
	Total		

**Dealing Assistant** 

Assistant Registrar

Registrar