

NASRA COLLEGE OF ARTS & SCIENCE, TIRURKAD

Application for Non Liability Certificate

Name of the Staff :
Designation :
Department :
Date of Joining :
Date of Relieving :
Address with Mob.No :

Department	Details of Liabilities if any	Signature of Certifying authority with date
Library		
Computer Lab		
Phy.Edn.Dept		
HoD of the Dept Concerned		
Hostel warden(if any)		
Office		

Reason for relieving:

Signature of the Applicant

Certified that there are no dues/the following are due
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Order of the Principal

Accountant

Supdt

Clerk