

INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

Deonar, Mumbai 400 088

NO DEMAND CERTIFICATE

Date:

Dr. / Mr./Mrs/Ms.....(Name & Designation) working in projecthas submitted his/her resignation w.e.f. Kindly inform whether any dues are outstanding against him/her

REGISTRAR

Sr. No.	Department	Dues if any	Name & Signature with date	Remarks
1	Library & Information Officer			
2	In-charge, Computer /Data Centre			
3	Office Superintendant (Store)			
4	Accounts Officer			
5	Project Coordinator			
6	S.O./O.S. (Establishment)			
7	Hostel Warden/ Hostel Manager			

DIRECTOR & SR. PROFESSOR