



All India Institute of Medical Sciences

Basni Industrial Area, Jodhpur (Rajasthan)



NAME	: _____	DEPARTMENT	: _____
DESIGNATION	: _____	LOCATION/SITE	: _____
CARD NO./EMP. NO	: _____	REASON OF LEAVING	: _____
DATE OF JOINING	: _____	DATE OF LEAVING	: _____
DATE OF RESIGNATION	: _____	DATE OF RELIEVING	: _____

THIS IS TO CERTIFY THAT THE ABOVE EMPLOYEE HAS RESIGNED / TERMINATED FROM THIS INSTITUTE / ORGANIZATION AND HAS NO DUES OUTSTANDING WITH AIIMS JODHPUR.

NAME OF THE DEPARTMENT / SECTION	STATUS (DUE / NO DUES)	REMARKS	SIGNATURE
HEAD OF DEPARTMENT			
STORES	IPD		
	OPD		
I.T. CELL			
MEDICAL SUPERINTENDENT OFFICE			
TLD (Thermos Luminescent Dosimeter)			
EXAMINATION CELL			
ETHICAL / RESEARCH CELL			
CENTRAL LIBRARY			
ACCOMMODATION			
ACCOUNT SECTION			
ADMIN SECTION			
DATE		SIGNATURE OF CANDIDATE	

SIGNATURE OF COMPETENT AUTHORITY