

THE LNM INSTITUTE OF INFORMATION TECHNOLOGY, JAIPUR

“NO DUES FORM”

Date: ___/___/___

NAME OF EMPLOYEE: _____

EMPLOYEE ID: _____

DEPARTMENT: _____

DESIGNATION: _____

TYPE OF EMPLOYMENT _____

DATE OF JOINING: ___/___/_____ DATE OF RELIEVING: ___/___/_____

PERMANENT ADDRESS: _____

PHONE: _____

E-MAIL: _____

Department/Section	Dues if any/ No Dues	Signature of HoD/HoS	Remarks
Accounts			
Central Library			
Store			
Computer Centre			
Project Manager			
Administration			
Sports			
Head of Department			
Medical Unit			
AR-Academic			
AR-Establishment			

Note: Please attach your approved copy of resignation/retired/terminate/Leave.

Registrar

Employees' Signature