



# RKDF UNIVERSITY RANCHI

## NO DUES FORM

Date: \_\_\_\_\_

Name of the Student:

Enrollment No.:

Course :

Department:

S.No.	Department	Signature with Name	Remarks (if any)
1.	Laboratory		
2.	Library		
3.	Hostel		
4.	Bus		
5.	Accounts		

Signature of the Candidate

Contact No:

Signature

Head of the Department



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