

## No Liability Certificate

Dated:.....

This is to certify that there are no liability outstanding against the following **adhoc** ..... in the **Department/School** of ....., who were relieved as against their name upon completion of the tenure:

|     | Name | Date of Relieving | Central Computer Centre | Campus Networking Centre | Engg.Unit | Central Library | Hostel Office | Concerned Dept. |
|-----|------|-------------------|-------------------------|--------------------------|-----------|-----------------|---------------|-----------------|
| 1.  |      |                   |                         |                          |           |                 |               |                 |
| 2.  |      |                   |                         |                          |           |                 |               |                 |
| 3.  |      |                   |                         |                          |           |                 |               |                 |
| 4.  |      |                   |                         |                          |           |                 |               |                 |
| 5.  |      |                   |                         |                          |           |                 |               |                 |
| 6.  |      |                   |                         |                          |           |                 |               |                 |
| 7.  |      |                   |                         |                          |           |                 |               |                 |
| 8.  |      |                   |                         |                          |           |                 |               |                 |
| 9.  |      |                   |                         |                          |           |                 |               |                 |
| 10. |      |                   |                         |                          |           |                 |               |                 |

Name & (Signature with Date)

of Head of Dept.