

Session -20..... -20.....

# NO DUES CERTIFICATE

Name (IN CAPITAL LETTERS).....

Class : X (BOARD Roll No : ..... Class XII (BOARD Roll No..... )

Section: 

CLASS X (A) <input type="checkbox"/>	CLASS X (B1) <input type="checkbox"/>	CLASS X (B2) <input type="checkbox"/>	CLASS X (C) <input type="checkbox"/>	CLASS X (D) <input type="checkbox"/>	CLASS X (B3) <input type="checkbox"/>	
CLASS XII (PRO) <input type="checkbox"/>	(RAMAN) <input type="checkbox"/>	(JPE RAMAN) <input type="checkbox"/>	(MP) <input type="checkbox"/>	CPF <input type="checkbox"/>	CPS <input type="checkbox"/>	SP <input type="checkbox"/>

1. Physics Lab.....

2. Chemistry Lab.....

3. Biology Lab.....

4. Games Department.....

5. Library.....

6. Fee Office.....

7. Vice Principal / Principal /Director .....

COMMENTS (If any).....