

**PACIFIC ACADEMY OF HIGHER EDUCATION & RESEARCH UNIVERSITY,  
UDAIPUR**

**Faculty of .....**

**No Dues Certificate**

Date: - .....

Name of Student: - .....

<u>No.</u>	<u>Department</u>	<u>Signature</u>
1.	Library	.....
2.	Office	.....
3.	Computer Lab	.....
4.	Sports	.....

**Signature of Dean, Faculty/Authorized  
Person along with Date & Seal**

**Student Signature**

The Ph.D. student needs to obtain no dues relating to fees from the Office of Dean P.G. Studies.

**Signature of Account Officer**