ABES Engineering College, Ghaziabad
ABES Business School, Ghaziabad

STUDENT NO DUES FORM
(Applicable only for Admission withdrawal)

Name_____, Admission No._____, Roll No._____

Course _____, Branch_____, Year_____

S/D/o_____, Current Mailing Address_____

Contact No._____, Mobile_____, E-mail_____

Result of previous/current semester/year_____

S.No.	Deptt. /Lab	Dues / No Dues	Name of Asstt. / Incharge	Signature of Asstt. / Incharge with date	Signature of HOD / Authorized Person
I	**Applied Sciences:**				
(a)	Physics Lab				
(b)	Chemistry Lab				
(c)	Language Lab				
II	**CS/CSE/CE/CSE-AIML)/CSE-DS/IT/MCA**				
(a)	Computer Labs				
(b)	Internet Labs				
III	**EC/EN/ELCE:**				
(a)	Electrical Engineering Lab				
(b)	Measurement Lab				
©	Network Lab				
(d)	CO-Lab				
©	Electronics Lab				
(f)	Electronic Workshop & PCB Lab				
(g)	Communication Engg. Lab				
(h)	Microprocessor Lab				
(i)	Microwave Lab				
(j)	Control System Lab				
(k)	Cadec Lab				
(l)	Hobby Centre/UAV Lab				
IV	**Civil & Mechanical Engineering:**				
(a)	Workshop				
(b)	Mech. Engg. Including Applied Thermodynamics Lab				
©	CAD/CAM Lab				
(d)	Fluid Mechanics				
©	Measurement & Metrology and DOM Lab				
(f)	HMT, RAC and Automobile Lab				
V	**Computer Administration Department:**				
VI	**School of Management**				
VII	**General Administration:**				
(a)	Accounts				
(b)	Library				
©	Sports				
(d)	Hostel Warden				
(e)	CA Deptt.				
(f)	Registrar Office (for I-Card)				

In case of Loss of I Card:
I certify that my Identity Card is lost. I will be responsible if the same is misused by anyone. I have lodged the complaint/not lodged the complaint for its loss with police. I hereby authorize to deduct Rs. 200/- from my security amount on account of I Card lost.

(Signature of student with date)
Mob. No.:

(Signature of office staff with date)   **(Registrar)**   **(Director)**
Name:

Dept- Registrar