



DELHI INSTITUTE OF ADVANCED STUDIES

Plot No. 6, Sector-25, Rohini, Delhi-110085

Re-Accredited with 'A' Grade by NAAC

(Approved by AICTE and Affiliated with GGS Indraprastha University for B.com(H), BBA, MBA & MBA(FM) Programmes)

(An ISO 9001:2015 Certified Institution)

NO DUES CERTIFICATE

Mr./Ms. _____	Batch _____	Course _____	<u>Recovery Amt.</u> (If any)
1. Library	_____		Rs. _____
2. Computer Lab	_____		Rs. _____
3. Institute Identity Card	Returned / Not Returned		Rs. _____
4. Canteen	_____		Rs. _____
5. Photostat	_____		Rs. _____
6. Course Co-ordinator	_____		Rs. _____
7. Placement Advisor	_____		Rs. _____
8. Whether the student is a member of Alumni Association	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	If yes, Rs. _____
Alumni Co-ordinator	_____		
9. Accounts clerk	_____		Rs. _____
			TOTAL Rs. _____

Date _____

Student's Signature _____

UNDERTAKING

The above amount of Rs. _____ may be deducted from my Security Deposit and the balance amount of Rs. _____ be paid to me against full & final settlement of accounts with the Institute. Further, I shall have no claim whatsoever against the Institute.

Signature _____

Name _____

Date _____

Accountant



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Security Refund Form

Name _____ Roll No. _____

Course _____ Date _____

I have cleared all the dues of the Institute and handed over the 'No Dues Certificate'. I may, therefore request to refund my security deposit.

Thanking you,

Yours faithfully,

(Signature)

Residential _____

Designation _____

Address _____

Office Add. _____

Pin Code: _____

Pin Code: _____

Contact: No. _____

E-mail id: _____

No Dues Certificate received:

(Acc. Assistant)

For office use only

The above named student has cleared all the dues. We may refund the security deposit to him / her. The cheque may be issued in favour of "Mr. /Ms. _____ for Rs. _____ (Rs. _____ recovered as _____)

Put up for necessary orders Sir,

Accountant

Director

Chairman

Received cheque no. _____ dated _____ for Rs. _____ against full and final payment of security deposit.

(Signature)

Date:



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Consent for Subscription

I _____ hereby, agree to join the Alumini Association. Please deduct Rs. 1,000 from my Student Security Deposit as my Life Time Subscription Fee.

DIAS TIMES required via

Soft Copy (E-mail)

Hard Copy

Please attach Latest passport size photograph

Date: _____

Signature of Student _____

University Enrolment No.: _____

Name of the Programme: _____

PERSONAL INFORMATION

1. Name: _____

2. University Enrolment No.: _____

3. Programme: _____

4. Year of Passing: _____

5. Postal Address: _____

6. Permanent Address: _____

7. Telephone No.: _____ Email ID: _____

8. Current Work Profile:

a) Name of the Company: _____

b) Designation: _____

9. Company Contact Information:

a) Postal Address: _____

b) Email ID: _____ Telephone No.: _____

Please attach a copy of Consent Form/Subscription Form along with this form and mail it to:

Coordinator

DIAS Alumini Association, Delhi Institute of Advanced Studies, Sector – 25, Rohini, Delhi - 110085

Website: <http://www.dias.ac.in>

E-mail id: dias@dias.ac.in