



DELHI INSTITUTE OF ADVANCED STUDIES

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

Re-Accredited with 'A' Grade by NAAC

(Approved by AICTE & Affiliated with GGSIP University for B.Com(H), BBA, MBA & MBA (FM) Programmes)

(An ISO 9001:2015 Certified Institution)



NO DUES CERTIFICATE

Mr./Ms. _____ Batch _____ Course _____ Recovery Amt. (If any)

1.	Library	_____	Rs. _____
2.	Server Room	_____	Rs. _____
3.	Institute Identity Card	Returned / Not Returned	Rs. _____
4.	Canteen	_____	Rs. _____
5.	Photostat	_____	Rs. _____
6.	Course Co-ordinator	_____	Rs. _____
7.	Placement	_____	Rs. _____
8.	Whether the student is a member of Alumni Association	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, Rs. _____
	(Not Applicable 2022 Batch onwards)		
	Alumni Co-ordinator	_____	
9.	Accounts	_____	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 _____

Sr. Acc. Asst.



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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. Clerk)

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,

SAA

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 Alumni 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



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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



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PRE – RECEIPT

I have received a Cheque No. _____ dated _____ for Rs. _____ after recovery of Rs. _____ (as per **No Dues Certificate**) from my Security Deposit, which was due from me as on date towards the Institute. Further, I shall have no claim whatsoever against the Institute.

My Cheque may please be dispatched on the following address:

Telephone No: _____

Signature _____

Name _____

Date _____