

**PONDICHERY UNIVERSITY**  
**PUDUCHERRY**

School / Department / Centre:- -----

Name of the Course:- -----

List of Students who are admitted in the Academic Year:- 20\_\_

Sl.No.	Register Number	Student Name	Address	Aadhar	Blood Group	Remarks

I hereby undertake that production of a "No dues Certificate" from the above Student, on or before their relieving from our School/ Department/ Centre or at the time of leaving the course of study. The above Particulars are attested by the under signed.

May be enrolled

University Librarian

Signature of the Department Head

(With Office Seal)