

**PONDICHERY UNIVERSITY**  
**PUDUCHERRY – 605014**

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SCHOOL/DEPT./CENTRES :  
NAME OF THE COURSE :  
LIST OF STUDENTS ADMITTED  
IN THE ACADEMIC YEAR 2022-2023 :

S/N	REGISTER NUMBER	STUDENT NAME	ADDRESS	ADHAAR NUMBER	BLOOD GROUP	REMARKS
1						
2						
3						
4						
5						
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I hereby undertake that the production of a “**NO DUES CERTIFICATE**” from the above students, 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 undersigned.

UNIVERSITY LIBRARIAN

**DEAN/HEAD OF THE  
SCHOOL/DEPT/CENTRE  
(WITH OFFICE SEAL)**