



Date:

**NON-LIABILITY CERTIFICATE**

Name:		Admn. No.	
Branch & Semester:		Mobile No.	
KTU ID:		E-mail ID	

❖ Bank details (Attach Proof)

Account holder Name & Account No.	
IFSC Code	
Bank Name & Branch	

❖ Availed fee concession from Egrantz or fisheries (Yes / No):

❖ Report dues, if any:

Sl. No.	Section & Name of person holds charge	Dues	Sl. No.	Section	Dues
1	Computer center (Sri. Ajithkumar S)		6	SDPK Lab	
2	Central Library (Smt. Anila K S)		7	Office - Accounts	
3	Placement cell (Smt. Elizwa Lajju)		8	Office – E-grantz	
4	Alumni (Smt. Janu R Panicker)		9	Office – KTU Portal	
5	Hostel (Sri. Priyakumar T N)		10	Office - PTA	

❖ Last date of attendance (Staff Advisor to fill) :

❖ Character / Conduct (Staff Advisor to fill and HOD to recommend)

❖ Recommendation of Staff advisor : Recommended / Not recommended

Name & Signature of Staff Advisor

(Ensure that his/her name is not included in the consolidated dues list of all labs / workshops as per mail dated 25/04/24 from principal@cctl.ac.in)

❖ Recommendation of HOD : Recommended / Not recommended

Name & Signature of HOD

(Ensure that he / she has no departmental dues)

PRINCIPAL