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UMA INSTITUTE OF MANAGEMENT & TECHNOLOGY

ARAZIBAG (2^{ND} FLOOR, FRONT OF STADIUM)- AZAMGARH

		NO DUES	FORM	
		(To be filled b	y Student)	
Name o	of the Candidate (In Ca	apital Letters) :		
Father's	s Name			
Current	Course:	Current Batch :	Roll No	:
Batch Roll No Security	& Fee Details:- Amount Deducted (urse Fee Deposited	if any):		
S.No.	Receipt No	Date of Receipt	Fee	<mark>R</mark> emarks
				3 11
				111 4
amount	The state of the s	Declaration on my part, I shall depo	leposit /return to UI	e to UIMT.
Date:				Student's Signature
S. No.	Department	Amount for (Mention NIL if no am		Signature

S. No.	Department	Amount for Recovery (Mention NIL if no amount for recovery)	Signature
1.	Accounts		
2.	Training		
3.	Library		