



**GOVERNMENT COLLEGE OF NURSING,**  
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Date .....

**NO LIABILITY CERTIFICATE**

Certified that ..... Course .....

( Date of Admission.....) has Liabilities / No Liabilities out standing against him / her in the following departments.

DEPARTMENTS	NAME OF OFFICER IN CHARGE	SIGNATURE	REMARKS
Cash Section			
Academic Section			
AV Aids			
Fundamental of Nursing Lab			
Community Health lab			
Child Health lab			
MCH lab			
Library			
Library (Priyadharshini)			
Stock – Furniture			
Hostel PIPPMS/MEN'S/Ladies			
PTA			
KBNSA			
SNA			
Alumni Association			
TNAI Membership			
Nursing Superintendent, MCH			
Nursing Superintendent, SATH			
Class Teacher			