

S.No.....

Date.../.../.....

GURUKUL

GROUP OF COLLEGES

Tighra Road, Odpura, Gwalior (M.P)

Name of Student:.....

Father Name:.....

Year/ Semester : Branch.....

Enroll. No:..... Mob. No:.....

NO DUES FORM

DEPARTMENT

SIGNATURE/ REMARK

1. Laboratories

.....

Pharma. Chemistry Lab

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Pharmacognosy Lab

.....

HAP/ Biology Lab

.....

Pharmacology Lab

.....

Pharmaceutical Analysis Lab

.....

Microbiology Lab

.....

Physics Lab

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Chemistry Lab

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2. Library

.....

3. Computer Lab

.....

4. Sports Dept

.....

5. Hostel

.....

6. Accounts

.....

7. Administration

.....

PRINCIPAL REMARK:-

Sig. Principal.....