

**OFFICE OF THE POST-GRADUATE STUDIES, (PGS)**  
**NATIONAL INSTITUTE OF FOOD TECHNOLOGY ENTREPRENEURSHIP AND  
MANAGEMENT**

Date: \_\_\_\_\_

Department of .....

**No Dues Form**

Name of the Scholar.....

Reg. No.....

Program: Ph.D (Batch.....)

Sr. no	Concerned Lab/Department	No. Dues	Recovery (if any)	Sign of Concerned lab In-charge	Sign of Concerned Faculty
1	Name of Department				
2	Name of Lab				

**Head of Department**