

	NO DUES I	М	Form PS- 11	
1.	Name of the Project Staff	:		
2.	Project Staff Number	:		
3.	Mobile Number and Email	:		
4.	Designation	:		
5.	Department	:		
6.	Project Sanction Letter No/ Project No	:		
7.	Date of Joining	:		FN 🗆 / AN 🗆
8.	Date of Relieving	:		FN 🗆 / AN 🗆

Signature of Candidate with date

Name of Department/Section	Remarks	Signature of Head/Section I/c			
Computer Centre					
IT and Help Desk					
Library					
Hostel					
Supervisor [@]					
Head of Department					
IIPE Office					
[@] Supervisor is requested to ensure that entire project related material (including data, devices etc.)					
is submitted before accepting the resignation					
Remarks of Finance & Accounts:					

Reliving Letter, No:					
	Signature of Office Staff				
Copy to: Project Staff	Date:				