

A/p Sawarde Tal.Chiplun Dist.Ratnagiri 415606 (MH)

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E-mail: artscollegesawarde@rediffmail.com

NO DUES FORM

(Bachelor of Commerce)

Date: / /

A.Y 20 -

Name of Student:_____

_____Class: S.Y B.com.

Roll no.:_____

Mobile no.:_____

Sr no.	Department	Dues if any / remark	Sign of Head/In charge
01	Library		
02	Foundation Course Project- III/IV		
03	Company Secretarial Practice		
04	Business Law		
05	Accountancy & Financial		
	Management		
06	Commerce- III/IV		
07	Business Economics- III/IV		
08	Financial Accounting & Auditing		
09	N.S.S		
10	Scholarship		
11	Exam		
12	Cultural/Sports		
13	Office		

* The above requirements are fulfilled / not. Mark sheet/admit card should/should not be given.

Principal