



OM INSTITUTE OF VOCATIONAL EDUCATION & TRAINING

(AN ISO 9001 : 2015 CERTIFIED VOCATIONAL INSTITUTE)

DUES CLEARANCE CERTIFIED

(To be filled by Candidate)

- ❖ Student Name : _____
 - ❖ Father's Name : _____
 - ❖ Student Contact No. : _____ E-mail : _____
 - ❖ Student Registration No. : _____
 - ❖ Course Name With Code: _____
 - ❖ Duration of Course : _____ Session : _____
 - ❖ Vocational Training Centre Name With Code: _____
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DUES CLEARANCE CERTIFIED

(To be filled by Training Centre Only)

- ❖ Vocational Training Centre Head Name : _____
- ❖ Remarks (If Any) : _____
- ❖ Authorized Signatory : _____

Date :

Place :

Vocational Training Centre Stamp