

COLLEGE OF ENGINEERING KARUNAGAPPALLY
NO DUES CERTIFICATE ON RELIEVING

1	Name of student (In Block Letters)	
2	Year of admission, Admission No & University Reg .No	
3	Strike whether is not applicable Programme & Branch	B. Tech/ M. Tech & CS/ EC/ EE
4	Admitted under – Merit/Mg/NRI	
5	Whether passed the programme If No, whether any Supplementary Lab Examination	Yes/ No Yes/ No
6	Address	
7	Phone No & Email ID	
8	Caution Deposit Receipt No & Date	
9	Date of Birth	
10	Dated Signature of the Student	

Sl No	Name of B. Tech lab	Name of Faculty/ Staff in charge	Remarks	Signature
Electronics Department Laboratories				
1	Library	Smt. Anila K.S		
2	Electronic Circuits	Smt. Sabeena M		
3	Electronic Project Lab (M. Tech)			
4	Electronic Project Lab (B. Tech)	Sri. Shanu N		
5	Micro Processor	Smt. Shiny C		
6	Digital Electronics			
7	Embedded System Lab			
8	Signal Processing Lab (B. Tech)	Smt. Mili Rosline Mathew		
9	Signal Processing Lab (M. Tech)			
10	Communication	Smt. Deepa T R		

SI No	Name of B. Tech lab	Name of Faculty/ Staff in charge	Remarks	Signature
Electrical Department Laboratories				
11	Electrical Workshop	Smt. Haseena P Y		
12	Electrical Measurement/ Circuits & Measurement lab			
13	Electrical Machines			
14	Advanced Electrical Engineering/ System & Control Lab			
15	Project Lab (B.Tech)			
16	Electronics Circuits	Smt. Libi A (HOD)		
17	Digital Electronics			
18	Micro Processor			
19	Power Electronics			
Computer Science Department Laboratories				
20	Computer Centre/ Computer Programming Lab	Smt. Geetha S		
21	Digital Image Processing	Dr. Shajy L		
22	Project Lab (B. Tech)	Dr. Smitha P		
23	Multimedia (IT)			
24	Project Lab (M. Tech)	Smt. Remya R S		
25	High Performance computing			
26	Hardware/ System Programming Lab/ Foss Lab	Smt. Shani Raj		
27	Network Programming	Smt. Sabeena K		
Other Sections / Labs				
28	Mechanical Workshop	Sri. Baiju.V		
29	Chemistry Lab	Smt. Neeraja Vijayan		
30	Physics lab	Sri.S Sajevean		
31	Electronics Department (HOD)	Dr. C Gopakumar		
32	Computer Science Departments (HOD)	Dr.Binu V P		
33	Electrical Department (HOD)	Smt.Libi A		

SI No	Name	Name of Faculty/ Staff in charge	Remarks	Signature
1	Parent Teacher Association	Dr. Shajy L		
2	Alumni	Smt. Deepa T R		
3	Sports	Sri. Baiju.V		
4	Hostel	Mens	Dr. Shajy L	
		Ladies	Smt. Shani Raj	
5	Office-Academic Section	Smt. Sunitha K Cheriyam		
6	Office-Accounts	Smt. Sandhya Murali		
7	Office-Exam	Smt. Anoop Raj TV		
8	Recommendations of the Class Advisor			
9	Recommendations of the Head of Department			

FOR OFFICE USE ONLY

Account/Cashier

SI No. in C.D Register (with P No.) :

Date of Deposit : Amount of deposit:

Passed for refund of Rs () Only

PRINCIPAL

Received the amount Rs. ()only

PAID

Signature (with date)

Name

Cashier