## COLLEGE OF ENGINEERING KARUNAGAPPALLY

## NO DUES CERTIFICATE ON RELIEVING

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

SI No	Name of lab's	Name of Faculty/Staff in charge	Remarks	Signature
	F	Electronics Department		
1	Electronic Circuits	Cui Tilore I V		
2	Electronic Project Lab(M. Tech)	- Sri. Jibu J V		
3	Electronic Project Lab(B. Tech)	Sri. Roju John		
4	Micro Processor			
5	Digital Electronics	Smt. ShinyC		
6	Embedded System Lab			
7	Signal Processing Lab(B. Tech)	Cont. Callini		
8	Signal Processing Lab(M. Tech)	Smt. Salini		
9	Communication	Sri. AyoobKhan		
	I	Electrical Department	,	
10	Electrical Workshop			
11	Electrical Measurement/ Circuits & Measurement lab			
12	Electrical Machines	Smt. Libi A (HOD)		
13	Advanced Electrical Engineering/ System & Control Lab			
14	Project Lab(B.Tech)			

15	Electronics Circuits	Smt. Haseena PY					
16	Digital Electronics						
	Computer Science Department						
17	Computer Centre/Computer Programming Lab		Sri. Manoj Ray D				
18	Digital Image Processing		Dr. Shajy L				
19	Project Lab(B. Tech)						
20	Multimedia(IT)		Dr. Smitha P				
21	Project Lab(M. Tech)						
22	High Performance computing		Smt. Dancy Kurian				
23	Hardware/System Programming Lab/ Foss Lab		Smt. ShaniRaj				
24	Network Programming		Smt. SabeenaK				
	Me	chanic	al Department	,			
25	Mechanical Workshop		Sri. Baiju.V				
	C	ther I	Departments				
26	Library		Smt. Shiney Luke				
27	Chemistry Lab						
28	Physics lab		Sri. Sajevan				
29	Mechanical Department (HOD)		Dr. Ajil Kumar				
30	Electronics Department (HOD)		Dr. C Gopakumar				
31	Computer Science Departments (HOD)	Sri. Manoj Ray D					
32	Electrical Department (HOD)	Smt. Libi A					
33	Parent Teacher Association	Dr. Shajy L					
34	Alumni		Sri. Vinod R				
35	Sports	В.Те	ch/M.Tech & CS/EC/EE/ME				
36	Training & Placement		Smt. Dancy Kurian				
37	- Hostel	G	Dr. Shajy L				
38	1100101	L	Smt. Shani Raj				
39	Office-Academic Section	Smt. Sunitha K					
40	Office-Accounts	Smt. Sandhya Murali					
41	Office-Exam	Smt. AnoopRaj TV					
42	Recommendations of the Class Advisor						

43	Recommendations of the Head of		
	Department		

## For Office Use Only

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	Account/C SI No. in C.D Regist		
Date of Deposit	:	Amount of deposit:	
Passed for refund of Rs (	)	Only	
		PRINCIP	<u>' A ]</u>
Received the amount Rs. (	)	only	
PAID		Signature (with date)	
Cashier		Name	