

ME Department

COLLEGE OF ENGINEERING MUTTATHARA

Date: **NOTICE** Shri. / Smt. is requested to clear the dues during the Academic year (.................). Liabilities, if any against her / him in this institution may be noted for necessary action. **PRINCIPAL** To PTA Library Lab Workshop Store Office (Accounts) **EC** Department **EEE Department** AS Department **CS** Department **CE** Department