**Students Clearance Form**

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| Student Name: |  | Registration No: |  |
| Department: |  | Class: |  |

This is to certify that there is nothing outstanding against above mentioned student as per our records.

|  |  |
| --- | --- |
| **Department** | **Signature** |
| Head of Department |  |
| Librarian |  |
| IT Administrator |  |
| Controller Exam |  |
| Administration |  |
| Human Resource |  |
| Registrar Office |  |
| Accounts |  |
|  |  |

**Vice Chancellor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_