

CLEARANCE CERTIFICATE

(Only for Students of all Campuses)

Examination In-charge:

Remarks: (about receive of Diploma / Degree and Clearance).....

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(Signature and Stamp)

Name: _____ Father's Name: _____ Admission No: _____

Technology: _____ Campus: _____ Session: (Morning/Evening): _____

Please , Sign this Certificate from the following Sections:

S.no	Section	Signature
1	Library	
2	Computer Lab	
3	Dental Lab	
4	Pathology Lab	
5	Anatomy Lab	
6	Museum	
7	Science Lab	
8	LHV / Nursing Lab	
10	Admin Officer	

Account officer:

Kindly, receive **Fees** and other **Dues**, noting should be outstanding against him/her.

(Account officer)

(Principal)