

Student Clearance Form

For Student's Use

Department:		Programme:	
Semester:	Session:	Registration No:	
Student's Name:			
Home Address:			
Contact Tel:		Mobile:	E-mail:
Reason for Clearance:	Seizure	_____	Cancellation
		_____	_____

Note to the Student

*After the approval of Seizure/Cancellation, students must obtain a signature from below mentioned departments for clearing of all the obligations in University in order to clear their record, it is necessary to process this clearance form. **It is the responsibility of the student** to check with the KHAWAJA FAREED University Departments listed below and obtain a final clearance before leaving KFUEIT.*

REGISTRAR

For Official Use Only

Concerned Department of the Student		
Head of the Department	Stamp & Signature	Date: / /
Director Student Affairs	Stamp & Signature	Date: / /
Procurement/Store Section: It is confirmed that nothing is pending against the mentioned student.		
Admin Officer Procurement/Store Section	Stamp & Signature	Date: / /
In charge Procurement/Store Section	Signature	Date: / /
Library Section: It is confirmed that the student has no obligations regarding borrowing books and other library resources.		
Library Assistant	Stamp & Signature	Date: / /
Sports Section: It is confirmed that nothing is pending against the mentioned student.		
Name:	Stamp & Signature	Date: / /
Office of Scholarships: It is confirmed that the student is not availing any Scholarship (If Yes, attach details)		
Office Assistant	Signature	Date: / /
In charge Scholarships (In case of Freezing/ Cancellation only)	Stamp & Signature	Date: / /
IT Department: It is confirmed that the mentioned student has handed all accesses of the systems.		
Name:	Stamp & Signature	Date: / /
In charge Lab (s) of Concern department: It is confirmed that nothing is pending against the mentioned student.		
Name:	Stamp & Signature :	Date: / /
In charge Admission Committee : It is confirmed that the mentioned student has submitted his/her complete documents i.e. (Original NOC from institution last attended and attested copies of last DMC & Degree)		
Name:	Stamp & Signature	Date: / /
Accounts/Finance Section (Assistant Manager Finance): It is confirmed that all the financial settlement have been completed.		
Name:	Stamp & Signature	Date: / /
Registrar Office: It is confirmed that I have received the complete original Clearance form.		
Name:	Signature	Date: / /