

CLEARANCE FORM

I _____ registration # _____ of _____ program, have completed all degree requirements. Please issue cheque in favor* of _____
**Cheque will be issued in the name of student or parents only which must be picked up within six months of issue date, after which the cheque will be forfeited.*

Student Cell #: _____ Email ID: _____
_____ Student (Sign & Date)

For Office Use Only (Do not write below this line)

Executive Development Center (EDC Office)

Alumni database entry made
 One passport size picture for SAGA Card

_____ EDC Manager (Sign & Date)

Library

No outstanding dues :

Remarks: _____
_____ Librarian (Sign & Date)

Academics Office

Publication's Requirements (for PhD) Remarks: _____

_____ Academic Controller (Sign & Date)

Computer Lab

Lab Domain Account is disabled Remarks: _____
 Software copyright submitted
 (for BS-Computing/ MCS only)

_____ Lab Administrator (Sign & Date)

Media Cage & Studio

No Outstanding Equipment Remarks: _____
 No reimbursement/ repair required

_____ Media Activity Supervisor (Sign & Date)

Zab Media Festivals (ZMF) Participation _____ Program Manager / Head of Dept. (Sign & Date)

Admissions Office

GAT Score (for MS/PhD) submitted Remarks: _____

IBCC equivalency submitted (Batch 2014 and onwards): Yes No

HEC equivalency / verification submitted (Batch 2014 and onwards): Yes No

_____ Sr. Manager Admissions (Sign & Date)

Finance Office

Security Deposit			Printing & other Charges		
Other Payables			Library Dues		
			Degree & Gown Fee		
Total Payable			Total Receivables		

Payable Rs. _____ paid vide cheque number _____ dated _____
 Receivable Rs. _____ paid vide challan number _____ dated _____

_____ Finance Officer (Sign & Date)

Note: Validity of clearances date is **ONE** month. Records Office will not accept this form, if the clearances are more than a month old at the date of submission.

Records Office

The student has submitted the Degree Claim Form <input type="checkbox"/> _____ Records Department (Sign & Date)	Graduating Student Survey Form sent to IR <input type="checkbox"/> _____ Sr. Controller Records (Sign & Date)
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STUDENT RECEIVING (After Collection of Transcript)

All information reported on Final Transcript and Pass Certificate is checked and does not require any corrections.

Received by: _____ Sign & Date: _____