SZABIST

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	**IR/ QEC**
The student has submitted the Degree Claim Form ☐ File closed ☐ _____ Records Department (Sign & Date)	Graduating Student Survey Form submit to IR ☐ _____ IR/ QEC Department (Sign & Date)

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: _____   Revised July 13, 2018

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