CLEARANCE FORM

DATE:

(For Pass -Out Students / Original Documents)

Name of Student: _____		**CYID: _____**
Enrollment Number: -_____	**Year of First Admission_____**	**Pass out Yr or Admission Cancellation Yr _____**
Mobile No:	**ABC ID:**	
Degree:	**Name of Branch:**	

Note: -

1) Attached all semester passed/failed mark sheets along with this clearance form
2) Pass out student leaving/original documents will be issued within **08 to 15** days from the date of application
3) Leaving of admission cancellations will be issued when the final approval is received from the **Head office**.

Sign of HOD/Dean **Sign of Student**

Sr. No	Particulars			Amount	Remark		Signature & Stamp
1.	Department Clearance			(Fine if Any)	(Register on Alumni Portal Yes/No)		
2.	Library Section			(Fine if Any)			
3.	Scholarship Section	Year	Total Applicable Scholarship Amount	Scholarship Approval Status (approved/Pending)	Scholarship Amount Received by College	Remark	Sigh With Stamp
		1st					
		2nd					
		3rd					
		4th					
4.	Account Section	Year	Total Applicable fee	Total Fee Paid	Scholarship Amount Received	Fee Balance	Sigh With Stamp
		1st					
		2nd					
		3rd					
		4th					
5.	Student Section	Scholarship Pending (YES/NO)		Full Fee Paid (YES/NO)	Any other Remark		Sigh With Stamp

Note: After taking signature of all concerned dept., student should submit this form to Students Section for receiving original documents/leaving certificate

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For Office Use Only

Original Documents / Leaving Certificate to be issued: **Yes / NO**

Clerk Student Section **Registrar** **Director** **Campus Director**

Student Remark: **I have received all my originals documents/ leaving certificate and No Any document is pending with the college.**

Name of Student:
Signature: -
Date: -