



LIBRARY
AJ&K MEDICAL COLLEGE MUZAFFARABAD
Student Clearance Form



Student Name:				
Home Address				
Contact No.		Mobile No.		Email
Student Roll No.		Session		

NOTE FOR STUDENT

It is directed to student that he/she must obtain a signature from each department below personally in order to clear his/her record. It is the responsibility to the student to check with the AJKMC departments (listed below) and obtain final clearance from the Principal AJKMC.

Student Declaration

The entire particulars mentioned above are correct and filled by me, I understand that providing the false information/manipulating clearance form, will lead me disqualify from the clearance certificate.

Student Signature _____

Official Use Only		
Head of Institution (Principal). The above mentioned student is Recommended to take Clearance from following departments.		
Name:	Signature	Official Stamp.
	Date / /	
Incharge Student Affairs: It is confirmed that nothing pending against the above mentioned student.		
Name:	Signature	Official Stamp.
	Date / /	
Incharge Library (Librarian): It is confirmed that student has no obligation regarding borrowing books/Library Material and other library Resources.		
Name:	Signature	Official Stamp.
	Date / /	
Department of Store Section (Incharge): It is confirmed that student has no obligation.		
Name:	Signature	Official Stamp.
	Date / /	
Sport Section (Director Sports): It is confirmed that student has no obligation regarding borrowing the Sports Materials.		
Name:	Signature	Official Stamp.
	Date / /	
Accounts/ Finance Section (DDO) It is confirmed that student has no financial liability regarding his/her dues.		
Name:	Signature	Official Stamp.
	Date / /	
Student Hostel/Mess. (Hostel Warden). It is confirmed that student has return/ clear all the mess dues of the Hostel.		
Name:	Signature	Official Stamp.
	Date / /	
Department of Medical Education. (HOD). It is confirmed that student has return/ clear all the liabilities of the department.		
Name:	Signature	Official Stamp.
	Date / /	
Student Skill Lab.(HOD). It is confirmed that student has return all the particulars/ items.		
Name:	Signature	Official Stamp.
	Date / /	
HOSPITAL AIMS. It is confirmed that student has return all the particulars/ items.		
Name:	Signature	Official Stamp.
	Date / /	
HOSPITAL SKBZ/CMH. It is confirmed that student has return all the particulars/ items.		
Name:	Signature	Official Stamp.
	Date / /	
Head of Institution (Principal/V. Principal). The above mentioned student is approved for issuance of Clearance Certificate.		
Name:	Signature	Official Stamp.
	Date / /	