NAZEER HUSSAIN UNIVERSITY

PASTE YOUR RECENT PICTURE

GRADUATE CLEARANCE FORM

					-				-			

REGISTRATION NUMBER

SEMESTER & YEAR OF PASSING

NAME: _____
(BLOCK LETTERS)

FATHER'S NAME: _____ CELL NUMBER: _____
(BLOCK LETTERS)

CURRENT ADDRESS: _____

FACULTY: _____ PROGRAM: _____ SHIFT: _____

SIGNATURE OF STUDENT

STUDENT IS REQUIRED TO GET CLEARANCES FROM THE FOLLOWING DEPARTMENTS

1. FACULTY (DEPT.) _____
(STAMP & SIGNATURE)

2. COMPUTER LAB. _____
(STAMP & SIGNATURE)

3. LIBRARY _____
(STAMP & SIGNATURE)

4. ADMIN. _____
(STAMP & SIGNATURE)

5. SECURITY _____
(STAMP & SIGNATURE)

6. ADMISSION _____
(STAMP & SIGNATURE)

7. ACCOUNTS _____
(STAMP & SIGNATURE)

8. EXAMINATION _____
(STAMP & SIGNATURE)

FOR OFFICE USE ONLY

1. REGISTRAR OFFICE _____
(STAMP & SIGNATURE)

2. VICE CHANCELLOR _____
(STAMP & SIGNATURE)

TOTAL RECEIVABLE AMOUNT (RS.): _____ ACCOUNTS OFFICE: _____

TOTAL RECEIVED AMOUNT (RS.): _____

NUMBER OF COURSES COMPLETED: _____ EXAMINATION: _____