



OFFICE OF CONTROLLER OF EXAMINATIONS

FINAL CLEARANCE FORM

Name: _____

Father's Name: _____

Roll No. _____

Registration No. _____

Subject: _____

Session: _____

Degree Program: _____

CNIC No.: _____

Signature of Student: _____

Clearance Form for issuance of Original Academic Transcript / Degree.

Sr. No.	Department/Office	Signature & Date	Stamp
1.	Library	Signature of Librarian	
2.	Central Laboratory For MS /M.Phil./Ph.D. Students	Signature of Laboratory Incharge	
3.	Departmental Laboratory	Signature of Laboratory Incharge	
4.	Transport Office	Signature of Transport Officer	
5.	Office of Director Students Affairs (Alumni Office)	Signature of Director Students Affairs	
6.	Treasurer Office	Signature of Treasurer	

Note: To be submitted original at the time of receiving of Original Academic Transcript / Degree.

Date: _____

**Signature, & Stamp
Chairperson/Incharge of Department**