



LAHORE COLLEGE FOR WOMEN UNIVERSITY, LAHORE

Jail Road Lahore - Pakistan. Tele: 99203801 – 09 Ext. 207, 208, 99203810

OFFICE OF CONTROLLER OF EXAMINATIONS FINAL CLEARANCE FORM

Name: _____ Father's Name: _____

Roll No: _____ Registration No: _____

Subject: _____ Session: _____

Degree Program: _____ CNIC No: _____

Mobile No: _____ Signature of Student: _____

Clearance Form for Issuance of Transcript/Degree

Sr.No	Department/Office	Signature & Date	Stamp
1.	Library	Signature of Chief 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 Trasport Officer	
5.	Office of Director Student Affairs	Signature of Director of Student Affairs	
6.	Office of Alumni Registration	Signature of Alumni Registration Officer	
7.	Treasurer Office	Signature of Treasurer	
8.	Hostel	Signature of Chief Warden	

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

Date: _____

Signature & Stamp
Chairperson/ Incharge of Department