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CLEARANCE FORM To be completed in duplicate

NAME.....REG NO.....

COURSE.....

S/NO	SCHOOL/DEPARTMENT	NAME	SIGNATURE	REMARKS
1.	CHAIRPERSON OF DEPT.			
2.	LIBRARY			
3.	ALUMNI OFFICE			
4.	HOSTELS/ HALLS			
5.	CATERING			
6.	WORKSHOP			
7.	SPORTS & GAMES			
8.	DEAN OF STUDENTS			
9.	SENATE AFFAIRS			
10.	FINANCE			
11.	REGISTRAR (ASA)			



NB:

- 1. This is to certify that the issues made by the above named student have been handed over in satisfactory condition with the exception of those items listed as lost.**
- 2. Lost items will be recovered from caution money.**
- 3. Kindly keep your copy safely.**

