



MNS University of Agriculture, Multan Student Clearance Form

For Student's Use

Department:	Subject:	Programme:	
Semester:	Session:	Registration No:	
Student's Name:	CNIC:		
Home Address:			
Contact Tel:	Mobile:	E-mail:	
Reason for Clearance:	Completion	Seizure	Cancellation

Note to the Student

Upon completion of their academic programme, students must obtain a signature from above mentioned departments for clearing of all the obligations in University in order to clear their record, it is necessary to process this clearance form. It is the responsibility of the student to check with the MNSUAM Departments listed below and obtain a final clearance before leaving MNS University of Agriculture, Multan

For Official Use Only

Dean/Director	Stamp & Signature	Date: / /
Head of the Department/Chairperson	Stamp & Signature	Date: / /
Director Student Affairs/Incharge	Stamp & Signature	Date: / /
Director Farms (For Postgraduate Students Only)	Stamp & Signature	Date: / /
Director Graduate Studies (For Postgraduate Students)	Stamp & Signature	Date: / /
Controller of Examination	Stamp & Signature	Date: / /
Store Section (Incharge):	Stamp & Signature	Date: / /
Central Library (Librarian): It is confirmed that the student has no obligations regarding borrowing books and other library resources.		
Name:	Stamp & Signature	Date: / /
Senior Tutor		
Name:	Stamp & Signature	Date: / /
Incharge Financial Assistance		
Name:	Stamp & Signature	Date: / /
Directorate of Sports (Director Sports): It is confirmed that nothing is pending against the mentioned student.		
Name:	Stamp & Signature :	Date: / /
Career Development Center (CDC)		
Name:	Stamp & Signature :	Date: / /
Incharge Admission It is confirmed that the mentioned student has submitted his/her complete documents i.e. (Original NOC from institution last attended and attested copies of last DMC & Degree)		
Name:	Stamp & Signature	Date: / /
Accounts/Finance Section (Accounts Officer): It is confirmed that all the financial settlement have been completed.		
Name:	Stamp & Signature	Date: / /
Hostel Incharge		
Name:	Stamp & Signature	Date: / /