



Shifa Tameer-e-Millat University
شفا تعمیرِ ملت یونیورسٹی

STUDENT CLEARANCE CERTIFICATE

Joining Date _____

Completion/Migration Date _____

Mr./Mrs./Miss _____

STMU ID No.: _____

Father's Name: _____

Mobile No : _____

Address: _____

Please complete this clearance form in all respects and return it to Student Affairs as soon as possible

DEPARTMENT	SIGNATURE	DATE
Accounts Office		
Hostel (if availed)		
Hospital Registration Department (A-Block)		
Library		
Student Affairs Office		

I confirm that I have cleared all my dues and returned all equipment issued to me and I am clear of all obligations to College/Department of _____

My Student ID is attached herewith (valid/original).

Please issue security refund cheque (if any) in favour of _____

Student's Signature

Date

This is to certify that there is nothing outstanding against Mr./Mrs./Miss _____
Class/semester (Session) _____ at the time of his/her leaving
Shifa Tameer-e-Millat University, Islamabad on _____.

HOD/ Program Coordinator
(Recommended by)

Principal/Director
(Approved by)

Date

Date