



Shifa Tameer-e-Millat University

شفا تعمیر ملت یونیورسٹی

UNIVERSITY CLEARANCE FORM

SA Form No. 5A

Date of Admission: _____

Date of Application: _____

1. Student Name (as per Matriculation): _____

2. University Registration Number : _____ 3. Semester/Year : _____

4. Father's Name: _____

5. Mobile No : _____ 6. Email Address : _____

7. Address: _____

8. Reason of Application: ☐ Degree Completion ☐ Migration/Transfer ☐ Program Withdrawal ☐ Drop Out

Please complete this clearance form in all respect and return it to **Student Affairs Office** as applicable.

DEPARTMENT	REMARKS	SIGNATURE & DATE
Library		
Accounts Office (University/ Hostel Dues)		
Hospital Registration Department (A-Block)		
Incharge Admin (respective campus)		
Incharge Labs/Stores (respective campus)		
Student Affairs Office		

I confirm that I have cleared all my dues and returned all equipments/books issued to me and there are no financial/ academic liabilities on me to the College/Department of _____.

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

In case the student card is lost, pay 200 PKR. Amount Received by: _____ (Signature and Date)

Student's Signature

Date

Incase of Withdrawal from Degree Program: (Remarks by Academic Advisor/ Supervisor/ HOD)

Supervisor/HOD
/Academic Advisor

This is to certify that there is nothing outstanding against _____ (Student's Name) Class/Semester (Session) _____ at the time of his/her leaving Shifa Tameer-e-Millat University, Islamabad on _____.

Chairperson Student Affairs
Committee

(Verified by)

Chairperson/HOD

(Recommended by)

Dean/Principal/Director

(Approved by)

Distribution List:

- Accounts Department