



Shifa College of Medicine

STUDENT CLEARANCE CERTIFICATE

Date of Joining _____ Date of Application _____

Mr./Mrs./Miss _____ College ID No.: _____

Father Name _____ Cheque in favor of: _____

(A copy of the CNIC must be attached. In case of guardian, kindly attach an application along with a copy of CNIC)

Mobile No : _____ Address: _____

Reason of application: Degree Completion Migration/Transfer Program Withdrawal Dropout

Please obtain the following clearance to complete this form in all respect and return it to Student Affairs Department as soon as possible.

Department	Comments (if any)	Signature & Date
HOSTEL <i>(if availed)</i>		
Library		
Student Affairs Office		

I confirm that I have cleared all my dues and returned all equipments / books issued to me and am clear of all obligations to Shifa College of Medicine. My Student I.D card is attached herewith (original).

Student's Signature & Date

This is to certify that there is nothing outstanding against Mr./Mrs./Miss _____

Class _____ at the time of his/her leaving Shifa College of Medicine,

Islamabad on _____.

Dr. Aamer Nazir Ahmad
Advisor Student Affairs
(Recommended by)

Prof. Dr. Mohammed Amir
Dean / Principal
(Approved by)

Forwarded to the accounts department dated: _____

Accounts Department

Outstanding Amount _____ Refund Amount: _____

Comments: _____

Name & Signature
(Verified by)

CFO, STMU
(Approved by)