



Sarhad University

of Science & IT, Peshawar

CLEARANCE FORM

Main Campus

Name of Student: _____

Father's Name: _____

Registration Number: _____ Session: _____

Program: _____ Semester (If program is not completed): _____

Postal Address: _____

_____ Contact Number: _____

Dated: ____ / ____ /200__ .

Signature of the Applicant _____

(Program Officer – Main Campus)

Signature and Seal

Remarks: _____

(Librarian – Main Campus)

Signature and Seal

Remarks: _____

(Laboratories Administrators – Main Campus)

Signature and Seal
Computer Lab Administrator
Remarks

Signature and Seal
Engineering Lab Administrator
Remarks

Signature and Seal
Pharmacy Lab Administrator
Remarks

(Accounts Officer – Main Campus)

Signature and Seal

Remarks: _____

(Additional Controller of Examination – Main Campus)

Signature and Seal

Remarks: _____

(Registrar)

Signature and Seal

Remarks: _____

After Clearance Submit this Form to the Office of Additional Controller of Examinations