



Office of the Controller of Examinations
Al-Karam International Institute, Bhera
A Federal Chartered University

University Clearance Form

Student's Name																			
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Father's Name																			
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Reg. Number										-			
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Department: **Degree:**

Total Credit Hours	Credit Hours Earned	CGPA

Sr #	Fields	Designated Person	Signature with Stamp
i	HOD + Supervisor		
ii	Account Block (Department); attach screenshot with this form		
iii	IT Lab Departmental		
iv	Labs		a.
			b.
			c.
v	Departmental Library		
vi	Central IT Lab	Network Administrator	
vii	Main Library	Chief Librarian	
viii	Hostel Clearance	Hostel Warden	
ix	Student Fee Account (Treasury)	Dy. Treasurer	
x	University Advancement Office (Alumni Registration Form) / Email Account Block / Transport Card (SSC)	Director SA	
xi	Semester Examination Branch	Controller of Exams	

Date: **Student's Signature:**

Note: All the above fields should be duly signed and stamped by the designated officer in the prescribed cell.