

AL ALEEM MEDICAL COLLEGE, LAHORE

STUDENT CLEARANCE FORM FOR 4th PROFESSIONAL EXAM

Date: ___/___/_____

It is certified that nothing is due against _____

Father's Name _____ Class: _____ Roll# _____

year/Session _____.

Departments

Signature & Stamp

1. HOD Ophthalmology

2. HOD ENT

3. HOD Special Pathology

4. HOD Community Medicine

5. Controller Examination (Internal)

6. Accounts Officer

7. Computer Lab

8. Librarian

9. Hostel (Warden)

10. Director QEC

11. Others

Remarks: _____

Student Affair

Admin Officer

Vice Principal