

AL ALEEM MEDICAL COLLEGE, LAHORE

STUDENT CLEARANCE FORM FOR ALL PROFESSIONAL EXAMS

Date: ___/___/_____

It is certified that nothing is due against _____

Father's Name _____ Class: _____ Roll# _____

year/Session _____.

Departments

Signature & Stamp

1. Accounts Officer

2. Computer Lab

3. Librarian

4. Hostel (Warden)

Remarks: _____

Student Affair

Admin Officer

Vice Principal