



**CLEARANCE CERTIFICATE**

Name of student.....Roll No.....

Address.....

Eligibility No. / Enrolment No.....Gender: Male / Female

Year of Passing / leaving of college.....

Left the college without completion of course, mention reason .....

Sr. No.	Name of Department	Name of the authority along with the stamp	Signature of the authority and date	Remark by authority
1.	Laboratory			
2.	Library			
3.	Store			
4.	Sports			
5.	Account (Fees)			
6.	Office (In charge)			
7.	Academic Incharge			
8.	Exam Incharge			
9.	Training and Placement			
10.	Any Other (Please Specify)			

Date\_\_\_\_\_

Remark by Principal: Approved / Not Approved

Signature of Student \_\_\_\_\_Signature of Principal \_\_\_\_\_

**Note-** To be enclose, Xerox copy of Final year Mark sheet