



# COMSATS Institute of Information Technology Sahiwal

Date: \_\_\_\_\_

## CLEARANCE CERTIFICATE

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Registration No: \_\_\_\_\_ Semester: \_\_\_\_\_

Program: \_\_\_\_\_ Section: \_\_\_\_\_

S. No.	Department/ Section	Remarks	Signature
1	Computer Lab/Server Room		
2	Library		
3	Cafeteria		
4	Assistant Warden (if applicable)		
5	Registration Branch		
6	Concerned Head/Incharge of Departments		
7	Accounts Branch		
8	Examinations		
9	Office of Alumni Association (if applicable)		

Additional Remarks (if any): \_\_\_\_\_

\_\_\_\_\_

**(Student's Signature)**