

GANDHARA UNIVERSITY PESHAWAR
KABIR MEDICAL COLLEGE / SARDAR BEGUM DENTAL COLLEGE
CLEARANCE FORM FOR GIRLS HOSTEL STUDENTS

Name: _____ F/Name _____

Class No. _____ Class _____

(Certificate From Hostel Warden)

Certified that

- * She has left the hostel on _____
- * She has cleared all the utility bills i.e. Electricity, Telephone, Gas etc.
- * She has returned all the furniture in a good condition.
- * If found something dues outstanding, warden will be solely responsible.

Warden Signature _____

Warden Name: _____

Warden Girls Hostel No. _____

Date: _____

Signature _____
Director Student Affairs Section

Signature _____
Director Accounts Section

Signature _____
Hostel Provost

Signature _____
Director P & D