

Pre-Issuance Clearance/Application Form Advanced Diploma

I _____ S/o, D/o _____ bearing Enrollment/GR No _____ request that the **Advanced Diploma** of completion be issued to me as I have met all the pre-requisites of AIFD-Iqra University endorsed and governed by the competent authority. I also assure that all the information that I have provided below is true to the best of my knowledge. If proven guilty of misrepresentation, forgery or embezzlement, I may be denied the issuance of the **Advanced Diploma**.

Student's Data:

Date	<input type="text" value=" / /"/>
Name (Block)	<input type="text"/>
Reg.No	<input type="text"/>
Program	<input type="text"/>
Receipt #	<input type="text"/>
Semester	<input type="text"/>
Cell No	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>

*Kindly mention your updated email ID, you will further be informed for any correspondence though email.

Departmental Clearance:

Department	Date	Signature	Remarks (Please Tick)
Library (IRC)			Clear / Not Clear
Accounts Department			Clear / Not Clear
EDP Department			Clear / Not Clear
H.O.D. (Fashion / Textile)			Clear / Not Clear

Student's Signature and Date

FOR OFFICIAL USE ONLY

<input type="checkbox"/>	Recommended	<input type="checkbox"/>	Not Recommended
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Remarks	<input type="text"/>
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Verified By
Deputy Controller Examinations

Approved By
Director Academics & Planning