

Pre-Issuance Clearance/Application Form Certificate

I _____ S/o, D/o _____
bearing Enrollment/GR No _____ request that the certificate of completion of **Short Course(s)** 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 certificate.

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"/>
Courses	<input type="text"/>	Certificates	<input type="text"/>
		Cell No	<input type="text"/>
Address	<input type="text"/>		

Departmental Clearance:

Department	Date	Signature	Remarks (Please Tick)
Library (IRC)			Clear / Not Clear
Accounts Department			Clear / Not Clear
EDP Department			Clear / Not Clear
Head of Department			Clear / Not Clear

Student's Signature and Date

FOR OFFICIAL USE ONLY

<input type="checkbox"/>	Recommended
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<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