



Ibn-e-Sina Library & Resource Centre (ISLRC) Clearance Form

Applicant's Information			
Name & Reg. No.:			
Father/Guardian:			
School/Department:		Program:	
Cell # (Applicant):		Cell # (Guardian):	

Signature of applicant & Date: _____

(For Office Use Only)

1. Ibn-e-Sina LRC	2. LAW Library	3. Pharmacy Library
Outstanding Books (if any): 1. _____ 2. _____ 3. _____ 4. _____	Outstanding Books (if any): 1. _____ 2. _____ 3. _____ 4. _____	Outstanding Books (if any): 1. _____ 2. _____ 3. _____ 4. _____
Sign. & Stamp: _____	Sign. & Stamp: _____	Sign. & Stamp: _____

Director ISLRC	_____ _____ _____ Sign. / Stamp		Date
Remarks by DSA	_____ _____ _____ Sign. / Stamp		Date
Approval by Vice Chancellor	_____ _____ Signature		Date
Clearance from Accounts Office	Status of dues: Paid <input type="checkbox"/> Pending <input type="checkbox"/> Pending Amount Rs. _____ (write "NIL", if dues are clear)		Stamp

For additional Remarks (if any), please use backside of the form