

**Clearance Certificate***(USE BLOCK LETTERS ONLY)***ACCOUNT'S COPY**

Name _____ Course: _____ Batch : _____
 Address _____ En.No.: _____
 _____ E-Mail: _____
 Pin _____ Phone No. _____

Library	Exam Cell	Registration Section	Comp.Lab	Hostel (Hosteller Only)	Laboratory (Pharmacy/Life Sciences/SGRRCHS/Management)	Principal/Head	Accounts

I, _____ submit this clearance certificate with an undertaking that in case, it is found at a later stage that I owe the Institute on any account it will be my responsibility to clear the same.

Date: _____
 Applicant)

(Signature of

**SHRI GURU RAM RAI UNIVERSITY, DEHRADUN****Clearance Certificate***(USE BLOCK LETTERS ONLY)***RECORD'S COPY**

Name _____ Course: _____ Batch: _____
 Address (after leaving the Institute) _____ En.No.: _____
 E-Mail: _____
 Pin _____ Phone No. _____

S. No.	Faculty/Section/Department	Clearance Remarks		Signature with Date (With Remarks if any)
		Cleared	Not Cleared	
1.	Library			
2.	Exam Cell			
3.	Registration Section			
5.	Computer Lab.			
6.	Hostel (for Hostellers only)			
7.	Principal/HOD/Coordinator			
8.	Accounts			

Clearance from Laboratory (Pharmaceutical/Life Sciences /SGRRCHS)

Lab	P'Ceutics Lab - I & II	P'Cognosy	P'Cology	Pharm.Chem Lab - I & II	Pharm. Analysis	Microbiology / Bio- Chemistry	HAP	Lab	Lab
Cleared									
Not Cleared									

Date: _____
Applicant)

(Signature of

Note: You are advised to keep a photocopy of this certificate for future reference.