**ACHARYA NARENDRA DEV COLLEGE**

(University of Delhi) Govindpuri, Kalkaji, New Delhi- 110 019

 **Student’s Clearance Certificate**

***For refund of security money / Library Security deposit .***

The following departments/sections are requested to give necessary clearance in respect of Mr./Ms………………………….. Student of ……………………………………… Part I / II / III (Course). College Roll No………………. academic session …………….

Dealing Assistant ………………

**Laboratories:-**

Botany………………………Chemistry……………………..…Computer……………

Electronics………………………Physics………………………Zoology……………..

BioMedical……………Web Fecilitation Centre ………………Library………………

Sports**………………..**Administration…….…………….Accounts……..……………..

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**To be essentially filled by students of IIIrd year**

Passout year \_\_\_\_\_\_\_\_\_\_\_

**Have you- joined a job / pursuing Higher studies / Any other**

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| --- | --- |
| ***In Case of Job*** :Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Salary Per Annum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. E-mail i.d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | ***In Case of Higher Studies :***Name of the Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of University/College with address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail i.d.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Are you preparing for same exams? Give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other (give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students’s Name………………………..

Date : …………………..

 Address on which cheque to be dispatched

…………………………………………

 ……………………………………………

 …………………………………………….

 Contact No…………………………….......

 Signature…………………………………...

……………… …………………………..

BURSAR PRINCIPAL