

QUAID-I-AZAM UNIVERSITY

APPLICATION/CLEARANCE FORM FOR CANCELLATION OF ADMISSION

(For Undergraduate, Masters and M.Phil students only)

Student's Name (in Blo	ock Let	ters) Mr./Ms.		
Son/Daughter Of:		CNIC No:		
Department:		Programme:		
Semester:	Se	ession:	Registration No	:
Home Address:	l.			
Contact Tel:	Mobile	:	E-mail:	
Reason for cancellation	on of A	dmission:		
		oresaid information an ission in QAU may be ca		ncellation of my admission is
				Signature of the Student Date:
		For Offi	icial Use Only	
It is certified that the request of the student for cancellation of his/her admission is covered under the rules. Recommended and forwarded the student's request for cancellation of his/her admission.				
Head of concerned Department/Institute/S	School:	Signature:		
•		Dated:		Stamp:
It is certified that noth	ing is h	neld outstanding/pending	g against the stud	lent.
Departmental Store		Signature:	g against the state	
Keeper/Asstt. Store		8		
Officer of concerned				Stamp:
Deptt/Institute/School:	:	Dated:		•
Incharge		Signature:		
Deptt/Institute/School'	's			
Library:				Stamp:
T		Dated:	• 441 4 1	
		neld outstanding/pending	g against the stud	lent.
Purchase & Stores Off	icer	Signature:		
(PSO)				Stamp:
		Dated:		Stamp.
It is certified that noth	ing is o	outstanding/pending aga	inst the student.	
Librarian,		Signature:		
DRSM, Library:				
		D-4-1.		Stamp:
T. A. (404 T.)		Dated:		
	ing is o	outstanding/pending aga	inst the student.	
Director Sports:		Signature:		
				Stamp:
		Dated:		Sump.

	y such as hostel dues/bills/fine etc are	held outstanding against the
	had been boarder/hostel resident.	
Concerned Hostel's Asstt. R. Warden or R. Warden	Signature:	
	Date:	Stamp:
Senior R. Warden or Provost	Signature:	Stamp:
	Date:	1
It is certified that no liability student.	or any type of punishment is held ou	tstanding/pending against the
Officer Incharge Student Affairs (OISA):	Signature:	
Alians (OISA).	Date:	Stamp:
It is certified that no liability	is held outstanding against the student	
<u> </u>	entity Card and email password also.	
Incharge, CNC:	Signature:	
	Date:	Stamp:
It is certified that nothing is	s outstanding as the student either av	vailed no scholarship or paid
prescribed charges in lieu ther	reof (receipt enclosed).	
Manager Financial	Signature:	
Assistance:	Deter	S. C.
T4 !4!f* - 1 41 - 441! !-	Date:	Stamp:
have been completed/cleared b	outstanding against the student as all	the financial settlements/dues
Concerned Accounts Officer:	Signature:	
	Date:	Stamp:
It is certified that as per office record no liability is outstanding/pending against the student and his/her request for cancellation or discontinuation of admission is considerable. Only in case of the undergraduate student discontinuing their admission, he/she has passedcredit and is eligible for award of BA/BSc degree.		
Assistant/Deputy Controller of Examinations:	Signature:	
02 <u>=1.34.1.1.1.44</u>	Date:	Stamp:
	Admission & Registration Section	
Office No		
The case may be	e processed for approval by the Compete	ent Authority, please.
		Dealing Clerk/Assistant
Superintendent		
Supermendent	Submitted for approval.	
		Assistant Registrar
Deputy Registrar (AAR)		

Additional Registrar

Registrar

<u>**Dean**</u>, concerned faculty (in case of MPhil applicants only)



Student's Name (in Block Letters) Mr./Ms.

QUAID-I-AZAM UNIVERSITY

APPLICATION/CLEARANCE FORM FOR CANCELLATION OF ADMISSION

(For Undergraduate, Masters and M.Phil students only)

Son/Daughter Of:			CNIC No:		
Department:			Programme:		
Semester:	Ses	ssion:	Registration No:		
Home Address:	I		l		
Contact Tel:	Mobile:	:	E-mail:		
Reason for cancellation	on of Ac	lmission:			
It is confirmed that	the afo	oresaid information ar	nd reason for ca	ncellation of	my admission is
		ssion in QAU may be ca		incentation of	ing damission is
,	<u> </u>		, 1		
				Signat Date:	ture of the Student :
		For Off	icial Use Only		
It is certified that the r	equest	of the student for cance	ellation of his/her	admission is	covered under
the rules. Recommende	ed and f	forwarded the student'	s request for can	cellation of h	is/her admission.
Head of concerned		Signature:			
Department/Institute/S	School:				
				Stamp:	
		Dated:			
It is certified that noth	ing is h		g against the stud	lent.	
Departmental Store		Signature:			
Keeper/Asstt. Store				_	
Officer of concerned		D . 1		Stamp:	
Deptt/Institute/School:		Dated:			
Incharge Deptt/Institute/School'	's	Signature:			
Deptt/Institute/School' Library:	3			Stamp:	
Livi ai y.		Dated:		Stamp.	
It is certified that noth	ing is h	l .	g against the stud	lent.	
Purchase & Stores Off (PSO)		Signature:	0 0		
		Dated:		Stamp:	
It is certified that noth	ing is A	<u> </u>	inst the student		
Librarian,	ing is of	Signature:	mst me student.		
DRSM, Library:		Signature.			
, <u>.</u>				Stamp:	
		Dated:			
It is certified that noth	ing is o	utstanding/pending aga	inst the student.		
Director Sports:		Signature:			
				a.	
		Data I		Stamp:	
		Dated:			

It is certified that no liability such as hostel dues/bills/fine etc are held outstanding against the		
student only for that who has/l	had been boarder/hostel resident.	
Concerned Hostel's Asstt. R.	Signature:	
Warden or R. Warden		
		Stamp:
	Date:	
Senior R. Warden or Provost	Signature:	
		Stamp:
	Date:	
It is certified that no liability	or any type of punishment is held ou	tstanding/pending against the
student.		
Officer Incharge Student	Signature:	
Affairs (OISA):		
		Stamp:
	Date:	
It is certified that no liability	is held outstanding against the student	. He/She has returned/handed
over the original Student's Ide	entity Card and email password also.	
Incharge, CNC:	Signature:	
		Stamp:
	Date:	
It is certified that nothing is	s outstanding as the student either av	vailed no scholarship or paid
prescribed charges in lieu ther	reof (receipt enclosed).	
Manager Financial	Signature:	
Assistance:		
		Stamp:
	Date:	_
It is certified that nothing is	outstanding against the student as all	the financial settlements/dues
have been completed/cleared b		
Concerned Accounts Officer:	Signature:	
		Stamp:
	Date:	-
It is certified that as per office	ce record no liability is outstanding/pe	nding against the student and
<u> </u>	n or discontinuation of admission is cor	5 5
undergraduate student discon	tinuing their admission, he/she has pass	edcredit and is eligible
for award of BA/BSc degree.		Q
Assistant/Deputy Controller	Signature:	
of Examinations:		
		Stamp:
	Date:	-



QUAID-I-AZAM UNIVERSITY

APPLICATION/CLEARANCE FORM FOR CANCELLATION OF ADMISSION

(For Undergraduate, Masters and M.Phil students only)

Son/Daughter Of:	Student's Name (in B	lock I	etters) Mr./Ms.		
Semester: Session: Registration No: Home Address: Contact Tel: Mobile: E-mail: Reason for cancellation of Admission: It is confirmed that the aforesaid information and reason for cancellation of my admission is correct. Therefore, my admission in QAU may be cancelled, please. Signature of the Student Date: For Official Use Only It is certified that the request of the student for cancellation of his/her admission is covered under the rules. Recommended and forwarded the student's request for cancellation of his/her admission. Head of concerned Department/Institute/School: Signature: Stamp: Dated: It is certified that nothing is held outstanding/pending against the student. Departmental Store Keeper/Asstt. Store Officer (Signature: Signature: Stamp: Dated: It is certified that nothing is held outstanding/pending against the student. Purchase & Stores Officer (PSO) Dated: It is certified that nothing is outstanding/pending against the student. Stamp: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Signature: Stamp: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. It is certified that nothing is outstanding/pending against the student. Signature: Stamp: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Signature: Stamp: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Signature: Stamp: Stamp: Stamp: Stamp: Stamp: Stamp: Dated: It is certified that nothing is outstanding/pending against the student.	Son/Daughter Of:		CNIC No:		
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To Official Use Only					ncellation of my admission is
To Official Use Only					
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the rules. Recommended and forwarded the student's request for cancellation of his/her admission. Head of concerned Department/Institute/School: Signature: Dated: Stamp: It is certified that nothing is held outstanding/pending against the student. Departmental Store Keeper/Assett. Store Officer of concerned Deptt/Institute/School: Stamp: Deptt/Institute/School's Library: Dated: It is certified that nothing is held outstanding/pending against the student. Purchase & Stores Officer (PSO) Signature: It is certified that nothing is outstanding/pending against the student. Library: Dated: It is certified that nothing is outstanding/pending against the student. Librarian, DRSM, Library: Signature: Dated: Stamp: It is certified that nothing is outstanding/pending against the student. Director Sports: Signature:			For Of	ficial Use Only	
Signature: Stamp: Dated: Stamp: Dated: Stamp: Dated: Stamp: Dated: Stamp: Dated: Dated:		_			
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Dated: Dated: Stamp:		/Scho			
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Officer of concerned Deptt/Institute/School: Incharge Deptt/Institute/School's Library: Dated: It is certified that nothing is held outstanding/pending against the student. Purchase & Stores Officer (PSO) Dated: It is certified that nothing is outstanding/pending against the student. Librarian, DRSM, Library: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Signature: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Stamp: Stamp:			Signature:		
Dated: Incharge	_				Stamp
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Deptt/Institute/School's Library: Dated: Stamp:		1.			
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Librarian, DRSM, Library: Dated: Stamp: Dated: It is certified that nothing is outstanding/pending against the student. Director Sports: Stamp: Stamp: Stamp:	It is certified that not	hing i		ainst the student.	
DRSM, Library: Dated: It is certified that nothing is outstanding/pending against the student. Director Sports: Signature: Stamp:		ming i	<u> </u>	amst the student.	
Dated: It is certified that nothing is outstanding/pending against the student. Director Sports: Signature: Stamp:	*				
It is certified that nothing is outstanding/pending against the student. Director Sports: Signature: Stamp:					Stamp:
Director Sports: Signature: Stamp:	T			• 44 - 1	
Stamp:		nıng i		ainst the student.	
•	Director Sports:		Signature:		
•					Stamp:
			Dated:		^

	y such as hostel dues/bills/fine etc are had been boarder/hostel resident.	held outstanding against the
Concerned Hostel's Asstt. R.	Signature:	
Warden or R. Warden	Signature.	
, , <u>ar</u> <u>ao</u> ar <u>ar</u> , , , <u>ar</u> <u>ao</u> ar		Stamp:
	Date:	~ · · · · · · · · · · · · · · · · · · ·
Senior R. Warden or Provost	Signature:	
		Stamp:
	Date:	
It is certified that no liability	or any type of punishment is held ou	tstanding/pending against the
student.	or will of the or pullifold in the or	
Officer Incharge Student	Signature:	
Affairs (OISA):		
		Stamp:
	Date:	
	is held outstanding against the student	. He/She has returned/handed
over the original Student's Ide	ntity Card and email password also.	
Incharge, CNC:	Signature:	
		Stamp:
	Date:	
It is certified that nothing is prescribed charges in lieu ther	s outstanding as the student either avec of (receipt enclosed).	vailed no scholarship or paid
Manager Financial	Signature:	
Assistance:	C	
		Stamp:
	Date:	1
It is certified that nothing is	outstanding against the student as all	the financial settlements/dues
have been completed/cleared b	y him/her.	
Concerned Accounts Officer:	Signature:	
		Stamp:
	Date:	
	ce record no liability is outstanding/pe	
<u>=</u>	n or discontinuation of admission is cor	•
	tinuing their admission, he/she has pass	edcredit and is eligible
for award of BA/BSc degree.		
Assistant/Deputy Controller	Signature:	
of Examinations:		Ctomm
	Data	Stamp:
	Date:	

(Student's copy)



QUAID-I-AZAM UNIVERSITY

APPLICATION/CLEARANCE FORM FOR CANCELLATION OF ADMISSION

(For Undergraduate, Masters and M.Phil students only)

Student's Name (in Blo	ock Lett	ers) Mr./Ms.		
Son/Daugher Of:			CNIC No:	
Department:			Programme:	
Semester:	Ses	ssion:	Registration No	:
Home Address:				
Contact Tel:	Mobile:	:	E-mail:	
Reason for cancellation	on of Ad	dmission:		
		oresaid information an ssion in QAU may be ca		ncellation of my admission is
				Signature of the Student Date:
		For Off	icial Use Only	
	_			admission is covered under cellation of his/her admission.
Head of concerned		Signature:	,	
Department/Institute/S	School:			
1				Stamp:
		Dated:		1
It is certified that noth	ing is h	eld outstanding/pendin	g against the stud	lent.
Departmental Store		Signature:		
Keeper/Asstt. Store				
Officer of concerned				Stamp:
Deptt/Institute/School:	<u> </u>	Dated:		
Incharge		Signature:		
Deptt/Institute/School'	's			
Library:				Stamp:
		Dated:		
		eld outstanding/pendin	g against the stud	lent.
Purchase & Stores Off (PSO)	icer	Signature:		
				Stamp:
T/ (*0° 1/1 / /1		Dated:	• 441 4 1 4	
	ing is of	utstanding/pending aga	asint the student.	T
Librarian,		Signature:		
DRSM, Library:				Stamp:
		Dated:		Stamp.
It is certified that noth	ing is o	utstanding/pending aga	ainst the student.	
Director Sports:		Signature:		
•				
				Stamp:
		Dated:		

_	It is certified that no liability such as hostel dues/bills/fine etc are held outstanding against the student only for that who has/had been boarder/hostel resident.		
Concerned Hostel's Asstt. R. Warden or R. Warden	Signature:		
warden of R. warden		Stamp:	
	Date:	•	
Senior R. Warden or Provost	Signature:		
		Stamp:	
	Date:		
It is certified that no liability	or any type of punishment is held ou	tstanding/pending against the	
student.			
Officer Incharge Student Affairs (OISA):	Signature:		
Allalis (OISA).		Stamp:	
	Date:	•	
<u> </u>	is held outstanding against the student	. He/She has returned/handed	
	ntity Card and email password also.		
Incharge, CNC:	Signature:		
		Stamp:	
	Date:	1	
_	outstanding as the student either av	vailed no scholarship or paid	
prescribed charges in lieu ther			
Manager Financial	Signature:		
Assistance:		Stamp:	
	Date:	Տա ութ.	
It is certified that nothing is	outstanding against the student as all	the financial settlements/dues	
have been completed/cleared b	y him/her.		
Concerned Accounts Officer:	Signature:		
		Stomp	
	Date:	Stamp:	
It is certified that as per office	ce record no liability is outstanding/pe	nding against the student and	
	n or discontinuation of admission is cor		
8	tinuing their admission, he/she has pass	edcredit and is eligible	
for award of BA/BSc degree.			
Assistant/Deputy Controller of Examinations:	Signature:		
or examinations:		Stamp:	
	Date:	· · · · · · · · · · · · · · · · · · ·	



Quaid-i-Azam University

Dr. Raziuddin Siddiqi Memorial Library

Dated:		Session:
SUBJECT	LIBRARY CLEARANCE CERTII	FICATE.
Certified t	chat Mr. /Miss/Mrs. /Dr.	
Student o	f BS/MSc/MS/MPhil/PhD from the	Department/School/Centre/Institute of
from the l	DRSM Library.	ned all the material borrowed by him/her
Specimen	Signature of the Student:	
Cleared by	y:	
1.	Seminar/ Departmental Library:	
2.	Photostat (Ground Floor):	
3.	Circulation Section (2 nd Floor)*:	
4.	Fine: (If any)*	

Librarian DRSM Library

^{*} Provision of Student Membership Card is mandatory for clearance. In case of non-availability, deposit Rs. 50/- in QAU Account at HBL/Askari Bank Ltd. QAU Branch, Islamabad.

Quaid-i-Azam University (Office of the Resident Warden)

No. QAU/BH/GH/Clearance/20 -		Dated:	/	/
Note: (To be filled in and got complete	d by the applicant)			
APPLICATION FOR FINAL CLE	ARANCE (NON E	BOARDER)		
I Mr./Miss	S/D/O			
Class Department of	of			solemnly
declare that I had not been resident of Bo	ys Hostels during my	whole academi	c session/	period in
the University i.e. fromto _	Thus; I	may Please be i	ssued Hos	tel's
Clearance Certificate.				
		Sign	ature of A	Applicant
Subject: <u>FINAL CLEARANCE FROM B</u>	OYS/GIRLS HOSTE	L FOR (NON-I	BOARDE	<u>R)</u>
Certified that Mr./Miss	S/D	/0		
Class Departmen				
hostel's facility during above- motioned p	eriod, as per hostel a	llotment /dues	record. He	e may
please be issued final clearance from hos	tel as non-boarder.			
			Du	es Clerk
Resident Warden				
•	Azam Unive he Resident Wa			
No. QAU /BH/GH/Clearance/20 -				
Subject: FINAL CLEARANCE FROM B O	OYS/GIRLS HOSTE	L FOR (NON E	OARDEF	<u>R)</u>
Certified that Mr. /Miss		S/D/0		
Class Department of _			_has nev	er availed
Hostel's facility during his whole academ	ic period, as per hosto	el's allotment/d	ues record	d.
			Dues	Clerk

Resident Warden

The Deputy Treasurer, Quaid-i-Azam University, Islamabad.

SUBJECT:	REFUND OF SECURITIES
Dear Sir,	
	It is stated that I have got cancelled my BS/ MSc/ MBA/ MPA/ MS/ MPhil
admission fr	om the Department/ School/ Centre/ Institute of
Quaid-i-Azar	n University, Islamabad.
	It is therefore requested that my securities may kindly be refunded.
Clearance Fo	rm in this regard is attached for your kind consideration.
	Yours obediently,
	Student's Name:
	Address:
	Signature:
	Dated:

Head of Department

The Assistant Registrar (Admissions), Quaid-i-Azam University, Islamabad.

SUBJECT:	REQUEST FOR RETURN OF ORIGINAL DOCUMENTS
Dear Sir,	
	It is stated that I have got cancelled my BS/ MSc/ MBA/ MPA admission
from the D	Department/ School/ Centre/ Institute of
Quaid-i-Aza	m University, Islamabad.
	It is therefore requested that my original documents may kindly be
returned to	me. Copy of Cancellation Notification, Clearance Form and CNIC is attached
for your kin	d consideration.
	Yours obediently,
	Student's Name:
	Address:
	Signature:
	Dated

Head of Department