DOW UNIVERSITY OF HEALTH SCIENCES

HOSTEL FEE CLEARANCE CERTIFICATE

Date_____

Name:_____ Father's Name _____

College / Institute _____ Enrolment No. _____

Date of Admissions _____ Final Examination Held on _____ Graduation Date _____

Category : ☐ Open Merit   ☐ UEDP Local Self Finance   ☐ Overseas   ☐ PTAP   ☐ Reciprocal & Disable

Hostel   ☐ Availed   ☐ Not Availed

Hostel Fee

1st Year Voucher No. _____	Amount _____	Dated _____
2nd Year Voucher No. _____	Amount _____	Dated _____
3rd Year Voucher No. _____	Amount _____	Dated _____
4th Year Voucher No. _____	Amount _____	Dated _____
5th Year Voucher No. _____	Amount _____	Dated _____

Note: Attached All Paid Fee Vouchers (Photocopy)

Hostel Wardern

Room Charges / Any Dues   ☐ Yes   ☐ No

Maintanence Charges / Any Dues   ☐ Yes   ☐ No

Any Penalty Charges   ☐ Yes   ☐ No

Name, Signature and Stamp by Hostel Wardern

Name: _____   _____

Signature   Stamp

DOW UNIVERSITY OF HEALTH SCIENCES

LIBRARY CLEARANCE CERTIFICATE

Date_____

Name:_____ **Father's Name** _____

College / Institute _____ **Enrolment No.** _____

Date of Admissions _____ **Final Examination Held on** _____ **Graduation Date** _____

Category : ☐ Open Merit   ☐ UEDP Local Self Finance   ☐ Overseas   ☐ PTAP   ☐ Reciprocal & Disable

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Any Book Due to be Returned   ☐ Yes   ☐ No

if Yes Please Specify _____

Any Liability of Library   ☐ Yes   ☐ No

Name, Signature and Stamp by Librarian:

Name: _____   _____

                                                                    Signature   Stamp

DOW UNIVERSITY OF HEALTH SCIENCES

FEE CLEARANCE CERTIFICATE FROM STUDENTS BRANCH / ACCOUNTS SECTION

Date_____

Name:_____ Father's Name _____

College / Institute _____ Enrolment No. _____

Date of Admissions _____ Final Examination Held on _____ Graduation Date _____

Category :

☐ Open Merit   ☐ UEDP Local Self Finance   ☐ Overseas   ☐ PTAP   ☐ Reciprocal & Disable

College Fee

1ˢᵗ Year   Voucher No. _____ Amount _____ Dated _____

2ⁿᵈ Year   Voucher No. _____ Amount _____ Dated _____

3ʳᵈ Year   Voucher No. _____ Amount _____ Dated _____

4ᵗʰ Year   Voucher No. _____ Amount _____ Dated _____

5ᵗʰ Year   Voucher No. _____ Amount _____ Dated _____

Note: Attached   1.)   All Paid Fee Vouchers (Photocopy)
              2.)   Hostel Fee Clearance Certificate
              3.)   Library Clearance Certificate

Name, Signature and Stamp by Stduents Branch Accounts Officer

Name: _____   _____

                                           Signature   Stamp