



SCHOOL OF POSTGRADUATE STUDIES

DOW UNIVERSITY OF HEALTH SCIENCES

Principal

School of Postgraduate Studies
Dow University of Health Sciences,
Karachi.

Date: _____

CLEARANCE OF (DUES/LIABILITIES) FOR RESIGNATION TRAINING FROM FCPS/MCPS PROGRAM

Name of Trainee:		Father's Name:	
Specialty:		Department with Unit:	
Supervisor's Name:		CMS ID:	
Date of Resignation:		Date of resignation acceptance:	
Nature of resignation :	Immediate <input type="checkbox"/> Notice Period <input type="checkbox"/>	Date of training Joining:	
Duration of enrolled Training:		Contact:	
Reason of resignation:			

I have resigned my training from _____ on _____. The school of Postgraduate
(Specialty Name) (Date of resign)

Studies has approved my resignation with effect from _____.

Please give me clearance from all dues & Liabilities if any for further documentation.

(HOD/ SUPERVISOR)
(SIGNATURE & SEAL)

Student Signature

CLEARANCE CERTIFICATE

This is to certify that Mr. /Miss. _____
S/o. D/o. _____ bearing Enrolment # _____
has no dues against his/her name:

1. LIBRARY (CONCERN INSTITUTE)
Signature & Seal.....

2. DIGITAL LIBRARY (CONCERN INSTITUTE)
Signature & Seal.....

3. HOSTEL (CONCERN INSTITUTE)
Signature & Seal.....

4. DEPARTMENT OF PAYROLL (MENTION FEE DEDUCTION)
Signature & Seal.....

5. DEPARTMENT OF CMS
Signature & Seal.....

6. DEPARTMENT OF POSTGRADUATE STUDIES
Signature & Seal.....

Note:

1. Please attach resignation acceptance.
2. Clearances obtain according to the serial number.

Prepared By: Danish-SPGS