



Al-Ameen Educational and Medical Foundation's
DELIGHT COLLEGE OF PHARMACY

KOREGAON BHIMA, TAL- SHIRUR, DIST- PUNE, 412216.

CLEARANCE FORM FOR STUDENT

DATE :- / /

Name of Student :- (In Capital) :-

Student
Contact No :-

Parents
Contact No:-

	Management	Gove .(Cap)	H.S.C	Diploma	F.Y.	S.Y.	D. PHARMACY	B. PHARMACY	
✓									

Admission Year :-20 /20

Reason

Permanent Address :- (In Capital) :-

CLEARANCES		NAME OF FACULTY	SIGN & DATE
1	HOD D. PHARMACY		
2	HOD B. PHARMACY		
3	LIBRARY Department		
4	COLLEGE HOSTEL		
5	COLLEGE CANTEEN		

Student Signature

Finance Officer

Administrative Officer

Principal

PTO



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LAB CLEARANCE FORM FOR STUDENT

NAME OF THE DEPARTMENT: _____

Sr. no	Name of the lab	Name of lab in charge	Dues	Sign
1				
2				
3				
4				
5				
6				

REMARK: _____

	NAME	SIGN	DATE
CLASS TEACHER			
HEAD OF DEPARTMENT			SEAL 