



DEPARTMENT OF PHYSICS

Date: _____

STUDENTS CLEARANCE CERTIFICATE

Name: _____ Registration No. _____

Program: ☐ BPH ☐ MSPHY Date: _____

Reason to leave: _____

_____ Signature Student: _____

S.no	Department/Section	Remarks		Signature
1	Computer Lab/Server Room			
2	Library			
3	Cafeteria			
4	Assistant Warden			
5	Registration Branch			
6	Accounts Branch			
7	Laboratories	Lab assistant Name and Sign	Lab Incharge Name	Lab Incharge, Sign
i.	Applied Physics Lab			
ii.	BS Physics Lab			
iii.	Computational Lab			
8	DCO(Phy)			