

**MARGALLA INSTITUTE OF HEALTH SCIENCES**  
**DUES CLEARANCE FORM**

Name \_\_\_\_\_ Father Name \_\_\_\_\_ Discipline \_\_\_\_\_

Roll No. \_\_\_\_\_ Date of Admission \_\_\_\_\_ Leaving Date \_\_\_\_\_

Reason for Leaving Hostel \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent / Guardian Signature

**Hostel outstanding Dues:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Provost

\_\_\_\_\_  
Administrator

**Account Department:**

Outstanding Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature  
Account Dept.

\_\_\_\_\_  
Signature  
Hostel Warden

\_\_\_\_\_  
Signature  
(Provost)