



Gulab Devi Educational Complex, Lahore

Gulab Devi Institute of Pharmacy

CLEARANCE FORM

Date:___/___/___

Mr. / Ms.: Father's Name..... Designation/Class:
..... Is hereby permitted to get his/ her Clearance from all the following concerned
Departments/ Sections on account of his/ her completion of 1st, 2nd, 3rd, 4th, 5th Prof / leaving the
institute.

1. Library Section _____

2. Computer Lab _____

3. Laboratories:

I. _____

II. _____

III. _____

IV. _____

V. _____

VI. _____

4. Attendance Clearance _____

5. Admin Officer GDIP _____

6. Anatomy Museum _____

7. Mess: _____

8. Warden (Boys/ Girls) Hostel: _____

9. Accounts Section: _____

10. Head of the Department/ Section : _____

Remarks: _____

Office Superintendent

Admin Officer