



**CITY UNIVERSITY
HALLS OF RESIDENCE**

CLEARANCE FORM NO: _____

Date: _____

CLEARANCE FORM

- 1. ID No. :
- 2. Name of the Student :
- 3. Department and Batch No. :
- 4. Name of the Allotted Hall and Room No. :
- 5. Date of Admission in Hall :
- 6. Date of Vacating the Hall :
- 7. Reasons of Vacating :

Signature of the Student

- 8. Dues related to Hall (If any) : ⇒ **Paid** / ⇒ **Due**
- 9. Remarks (If any) :

Signature of the Account Officer with date & Seal

Hall Super

Hall Admin

Provost