



INSTITUTE OF BUSINESS MANAGEMENT

KORANGI CREEK, KARACHI-75190

CLEARANCE FORM

Confirmation of "Nil Claim" against the following department for:-

Mr/Ms: _____

Student's ID: _____ Programme: _____

Residence: _____

Phone or Cell # _____

Cheque in favor of Father/Mother/Guardian's name: _____

Departments	Date	Dues / Claim	Head of Department / Officer	Signature	Remarks
SECURITY					
LIBRARY					
MEDIA STUDIES					
TRANSCRIPTS & GRADES					
ACCOUNTS					