



For Office Use Only
No. _____
Date: _____

To,
The Treasurer,
University of Sargodha,
Sargodha

Sir,

I have the honour to request you kindly to refund the sum of Rs. _____ paid by me to the University of Sargodha on account of Library Security.

The Necessary Particulars are given below:-

Name			
Father Name			
Complete Roll No.		Regular / Self Support	
Class		Session	
Department			
Semester	Fee Deposit Date	Fee	Remarks (Installments / Concession)
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			

Signature of Applicant

Signature Dealing Officer/Official

REMARKS BY HEAD OF DEPARTMENT

Mr. / Miss _____ S/O / D/O _____
Class _____ Roll No. _____ is informed that this Department has no objection for refund of his/her Library Security.

Signature & Stamp Head of Department

LIBRARY
Certified that the above named student is cleared by the Library record.
_____ Signature & Stamp

ACCOUNTS BRANCH
A sum of Rs. _____ Date _____ Entered at page No. _____ Fee Demand Register No. _____ No Fee/Fine in outstanding against him / her
_____ Fee Clearance Clerk

A Sum of Rs. _____ Received may be refunded on account of Library Security. _____
Refund Clerk Deputy Treasurer Treasurer
Cheque No. _____ Date: _____

Note: Please Attach Copy of CNIC & Official Transcript



UNIVERSITY OF SARGODHA CLEARANCE CHIT

A Student must produce this clearance chit before applying for a certificate of university.

Name	
Father Name	
Complete Roll No.	
Class	
Category (Reg/Self)	
Session	

Date: _____

Signature of Applicant

1.	Director Sports (If applicable)	
2.	Superintendent Hostel Girls/Boys compulsory clearance with stamp	
3.	Incharge Main Library	
4.	Quality Enhancement Cell (QEC)	
5.	Alumni Office	
6.	Career Development Center	
7.	Account Office	

Signature & Stamp Head of Department