



**MEDICAL TEACHING INSTITUTION
COLLEGE OF MEDICAL TECHNOLOGY (BKMC)
MARDAN**



CLEARANCE CERTIFICATE

Name: _____ Father Name: _____

Registration No: _____ Program: _____

Batch: _____ Semester: _____

S. No.	Department/Section	Remarks	Signature
1	Library & Computer Lab		
2	Account Section		
3	Department's Proctor		
4	Students Affairs Section		

Additional Remarks (if any): _____

Program Coordinator's Signature