

FACULTY OF NURSING AND PUBLIC HEALTH

THIMPHU

Student's Clearance Form

Sl No	Area/Unit	Name	Signature
1.	Program Leader		
2.	Library		
3.	Sport In-charge		
4.	Provost		
5.	Mess/Kitchen		
6.	Cultural Coordinator		
7.	Accounts		
8.	Administrative Officer		

NB: After getting all clearance from the concerned area/unit, submit the form to the coordinator for Necessary action. Otherwise, your certificate will be withheld.

Name of Trainee :

Category :

Date :