

WOMEN UNIVERSITY SWABI

VISITING FACULTY CLEARANCE FOR THE SEMESTER OF:

Name:	Father Name:	Position:	Date of Semester Starting
Date of Semester Completion:	Date of Initiating Clearance:	Department:	Signature:

S/No	Department/ Section	Name& Designation	Signature & Stamp	Remarks
1.	Head of Concerned Department/Section			Nothing related to this section/department is outstanding against the employee
2.	Examinations Section			
3.	Administration Section			
4.	Finance Section			
5.	Admissions Section			
6.	Transport Section			
7.	Academics Section			
8.	Central Library			
9.	Establishment Section			

Submitted to and Countersigned by the Registrar: