

SUKKUR INSTITUTE OF BUSINESS ADMINISTRATION

NO DUBS FORM

Controller of Examinations

Sukkur Institute of Business Administration

1 ' 11'	CMS ID / Enrollment No Contact No	
Address:		
Program (Name Degree):	admitted in:	completed in:
Semesters: Specialization:		Degree Status: <u>Studying/Completed</u>
Comprehensive Exam passed on:	Final P	roject completed on:
Date:		(Signature of Candidate)
CLEARANCE FROM ADMISSION This is certified that he/she is registered stu (fall/Spring)	ident at Sukkur Institut	
Name of Incharge	Admissions / Concerne	ed Officer:
	Seal, Signature	and Date:
This is certified that no dues outstanding scholarship (please specify name of the scholarship)	g against him/her. A	ě
Name o	of Treasurer / Concerne	ed Officer:
	Seal, Signature	and Date:
CLEARANCE FROM HOSTEL This is certified that no dues outstanding aga	inst him/her.	
Name	e of Provost / Concerne	ed Officer:
	Seal, Signature	and Date:
CLEARANCE FROM LIBRARY This is certified that no any book/magazine/ Name of Chie	ef Librarian / Concerne	ng against him/her. ed Officer: and Date:
CLEARANCE FROM CDC (INTER		
This is certified that he / she compat	pleted his / her I	nternship Program / Project Work
Name of Dis	rector CDC / Concerne	ed Officer:
	Seal, Signature	and Date:
CLEARANCE FROM COMPUTER	LAB	
This is certified that he / she has nothing out	tstanding.	
Name of I.	T. Incharge / Concerne	ed Officer:
	Seal, Signature	and Date:
CLEARANCE FROM HEAD OF DETAILS This is certified that nothing is outstanding as		
This is ceruited that nothing is outstanding a		and Date:

Note: Students who applying for final transcript, must bring two photocopies of the No Dues Form.