



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MoE, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

**CLEARANCE FORM
(For PhD students)**

Name of the student :
Name of the programme :
Department :
Name of the Supervisor :
Roll No. : Session of admission :
Date of Thesis submission : Date of Defense :

I request the Heads of the concerned Departments/Sections to provide clearances for fulfilling the requirements for the provisional/original pass certificate.

Date:

Signature of the student

Clearance from the enrolled department

Name of the department	Signature of the HoD	Seal & Remarks (if any)

Clearance from the supporting department (if any)

Name of the department	Signature of the HoD	Seal & Remarks (if any)

Clearances from the supporting sections

Name of the Section	Signature of the Section head	Seal & Remarks (if any)
Admission Cell		
Library		
Accounts Section		
Hostel Warden/Chief warden (In case of hostellers only)		
Central Store		
Central Workshop		

Clearance from the Examination cell/Academic section

The student has completed clearances from all the required Departments/Sections. Hence he/she is eligible for having the provisional/original pass certificate.

Date:

Authorised signatory of Examination Cell/Academic section