
CLEARANCE CERTIFICATE (ANNEXURE-I)

Mr. / Miss. _____ From **BDS 4th** Year
of Batch **20____** Wants a “**CLEARANCE CERTIFICATE**”.

1. Account Section: -

a) Tuition Fee : Rs. _____ Sign: - _____

Signature of the Student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date

CLEARANCE CERTIFICATE (ANNEXURE-II)

Mr. / Miss. _____ From **BDS 4th** Year
of Batch **20**____ Wants a “**CLEARANCE CERTIFICATE**”.

➤ **DEPARTMENTS:-**

- | | | |
|------------------------|-----------|--------------|
| 1. Prosthodontics | Rs. _____ | Sign:- _____ |
| 2. Conservative :- | Rs. _____ | Sign:- _____ |
| 3. Pedodontics | Rs. _____ | Sign:- _____ |
| 4. Oral Surgery | Rs. _____ | Sign:- _____ |
| 5. Periodontics - | Rs. _____ | Sign:- _____ |
| 6. Orthodontics:- | Rs. _____ | Sign:- _____ |
| 7. ODMR | Rs. _____ | Sign:- _____ |
| 8. Community Dentistry | Rs. _____ | Sign:- _____ |

Signature of the student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date:-

CLEARANCE CERTIFICATE (ANNEXURE-III)

Mr. / Miss. _____ From **BDS 4th** Year
of Batch **20**_____ Wants a “CLEARANCE CERTIFICATE”.

➤ **Attendance - Satisfactory/Not Satisfactory**

Signature of the Student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“CLEARANCE CERTIFICATE” to the above student.

For, SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,

DEAN

Date:-

CLEARANCE CERTIFICATE (ANNEXURE-IV)

Mr. / Miss. _____ From **BDS 4th** Year
of Batch **20**_____ Wants a “CLEARANCE CERTIFICATE”.

➤ **STUDENT COUNCIL SECRETARY SIGNATURE**

Signature of the Student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“CLEARANCE CERTIFICATE” to the above student.

For, SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,

DEAN

Date:-

CLEARANCE CERTIFICATE (ANNEXURE-V)

Mr. / Miss. _____ From **BDS 4th** Year
of Batch **20____** Wants a “**CLEARANCE CERTIFICATE**”.

1. Student Section : -

a) Enrollment Fee Rs. _____ Sign: - _____

b) Exam Fee Rs. _____ Sign: - _____

2. **Hostel: -** Rs. _____ Sign: - _____

3. **Library: -** Rs. _____ Sign: - _____

4. **Mess: -** Rs. _____ Sign: - _____

Signature of the Student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date:-