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CLEARANCE FORM FOR STUDENTS COLLEGE OF AGRICULTURE

REG. NO.:			MOBILE NO: DATE: 2.DEPARTMENT OF ENGINEERING SCIENCES AND TECHNOLOG			NOLOGY
Amount	Signature	Date	Amount	Signature	Date	
3. DEPT. OD FOOD, NUTRITION AND CONSUMER STUDIES			4.DEPARTMENT OF ANIMAL, AQUACULTURE & RANGE SCIENCES			
Amount	Signature	Date	Amount	Signature	Date	
5.DEPARTMENT OF AGRICULTURAL EXTENSION & COMMUNITY DEVELOPMENT			6. SPORTS & GAMES DEPARTMENT			
Amount	Signature	Date	Amount	. Signature	Date	
7. DEPARTME	ENT OF SOIL & GEO	DLOGICAL SCIENCES	8. CICT			
Amount	Signature	Date	Amount	Signature	Date	
9. DEPARTMENT OF CROP SCIENCE & HORTICULTURE			10. BURSAR			
Amount	. Signature	Date	Amount	Signature	Date	
11. SUASAB			12. DEAN OF STUDENTS			
Amount	Signature	Date	Amount	. Signature	Date	

I certify that the above named student is cleared