

FEE CLEARANCE FORM

THE ACADEMY OF EXCELLENCE MEMORIAL OF MALIK RIAZ AHMAD KHAN (HIGHER SECTION)

CHINO BABA ALIGRAMA, SWAT KPK, PAKISTAN

Phone No. 03479235178

Session: _____

Purpose

This form is issued to ensure that the student has cleared all outstanding school dues before appearing in the **Examination**.

Student Information

- **Student Name:** _____
- **Father's Name:** _____
- **Class:** Grade 9th Grade 10th Grade 11th
- **Section:** _____
- **Roll No:** _____
- **Registration No:** _____

Fee Details

Description	Amount	Paid	Due
Admission Fee	_____	_____	_____
Monthly Fee (All Months)	_____	_____	_____
Examination Fee	_____	_____	_____
Fine (if any)	_____	_____	_____
Total	_____	_____	_____

Accountant Verification

All dues cleared Dues remaining **Remarks:** _____

Accountant Signature: _____

Date: _____

Final Approval (Required for Exam Entry)

Class Teacher Signature: _____ **Principal Signature & Stamp:** _____

Note:

Students who have not cleared all outstanding dues will **not be allowed** to appear in the examination.