

**Kulswami Medical Foundation's  
Anantrao Kanase Homoeopathic Medical College, Alephata**

**FINAL CLEARANCE CERTIFICATE**

Year - I / II / III / IV

Date-

Name of Student -

Year of Batch -

Fees as per SSPNSamiti-

**TUTION FEES DETAILS**

Sr. No.	Receivable	Particular	Received			Cash Book Page No.	Balance	Sign of Student
			Receipt No.	Date	Amount			

Checked By

Verified By

Chairman / Secretary / Principal

**Kulswami Medical Foundation's  
Anantrao Kanase Homoeopathic Medical College, Alephata**

**FINAL CLEARANCE CERTIFICATE**

Year - I / II / III / IV

Date-

Name of Student -

Year of Batch -

Package period & Fess -

**HOSTEL/MESS FEES DETAILS**

Sr. No.	Receivable	Particular	Received			Cash Book Page No.	Balance	Sign of Student
			Receipt No.	Date	Amount			

Checked By

Verified By

Chairman / Secretary / Principal