



CHECK-OUT LIST [CLEARANCE FORM]

T O : **MR. SALEH R. AL ANAZI**
Director-General for Administration

FROM : _____ Computer No. _____
DATE : _____

Kindly check if there are any accountabilities in your section, before signing this clearance form.

	<u>SIGNATURE</u>	<u>DATE</u>
STERI-CENTER	_____	_____
SPECIALIST CLINIC	_____	_____
CLINICAL HALL	_____	_____
RARD	_____	_____
PRE-LAB	_____	_____
PROSTHETIC LAB	_____	_____
PHANTOM LAB	_____	_____
HISTOPATH LAB	_____	_____
ELECTRONIC MICROSCOPE	_____	_____
MICROBIOLOGY LAB	_____	_____
CLINICAL RESEARCH LAB	_____	_____
PHYSICAL RESEARCH LAB	_____	_____
COMPUTER SECTION	_____	_____
CDRC DIRECTOR	_____	_____
PHOTOGRAPHY	_____	_____
T.V. CENTER	_____	_____
KEY	_____	_____
ARCHIVES	_____	_____
READING ROOM	_____	_____
STORE ROOM	_____	_____
RADIOLOGY	_____	_____
DLTP	_____	_____

Thank you!