



**Resignation Form**



**Employee Information**

Name:		Emp ID:	
Designation & Subject:		Campus:	
Department:		DOJ:	
Last Working Day:		Application date:	

**Other Details**

Reason of resignation: \_\_\_\_\_

Advance Notice Given Served ☐ Not Served ☐

Leave Balance Casual \_\_\_\_\_ Earned \_\_\_\_\_

Resign submitted during leave Yes ☐ No ☐

Leave Period (In case of Yes) From \_\_\_\_\_ To \_\_\_\_\_

Medical OPD Balance (Accounts) \_\_\_\_\_

**Campus HR** (reference HR Manual)

Clause	Sub clause	Contents

Remarks: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus Recommendations**

	Signature	Date
<b>Reporting Officer</b> Name: _____ Remarks: _____		
<b>Head of School</b> Name: _____ Remarks: _____		
<b>Director</b> Name: _____ Remarks: _____		

**Head Office**

HR-HQ Name: _____ Remarks: _____		
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**Registrar**

☐ Recommended ☐ Not Recommended Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Rector**

☐ Approved ☐ Not Approved Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

..... for official use .....

NUMUN Entry (HR-HQ) Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_