

Clearance Form

Employee Information

Name:		Emp ID:	
Designation:		Campus:	
Department:		DOJ:	

It is certified that no dues are payable against the employee and that there is nothing outstanding against his/her name.

Departments	Details	Remarks	Sign & Stamp
ACADEMICS	Results, Paper/Re-Checking, QEC (Folders & Forms)		
Submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IT	Laptop/Desktop & Accessories, Equipment (Comp./Eng. Labs) & Others		
Submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>In case of NO, state reason</i>	Deletion from NU mailing groups		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	De-activation of NU mail		
	Yes <input type="checkbox"/> No <input type="checkbox"/>		
ADMIN	Office keys, Others (if any)		
Submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>		
LIBRARY	Books, Cases/DVD, Library Card,		
	Outstanding Dues (if any)		
	Amount: _____		
HOSTEL <i>(If applicable)</i>	Room Rent, Mess Dues, Utility Bills		
	Outstanding Dues (if any)		
	Amount: _____		
ACCOUNTS	Outstanding Dues (if any)		
	Amount: _____		
CAMPUS HR	University ID, Insurance Card		
Submitted	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Reporting Officer	Name: _____	Signature: _____	Date: _____
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Director	Name: _____	Signature: _____	Date: _____
Remarks:			