

**CLEARANCE FORM**

Name \_\_\_\_\_ Designation \_\_\_\_\_

Department \_\_\_\_\_

Date of Joining \_\_\_\_\_ Date of Leaving \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address

1. Local \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Contact No. \_\_\_\_\_

2. Permanent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Clearance from	Remarks	Signature
----------------	---------	-----------

1. Incharge of Department where working/worked		
--	--	--

2. Library		
------------	--	--

3. Accounts		
-------------	--	--

4. Office		
-----------	--	--