



UNIVERSITY OF LORALAI

ACCESS

QUALITY

RELEVANCE

EMPLOYEE CLEARANCE FORM

Employee Name: _____ Designation: _____

Department: _____

Status: Permanent ☐ Contract ☐ Part-time/Visiting ☐

CERTIFICATE

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

(Only authorized signature along with stamp will be accepted).

S#	Department	Signature	Stamp
1.	Concerned HoD/Chairperson		
2.	Concerned Dean		
3.	Librarian		
4.	IT Department Director IT		
5.	Controller of Examination		
6.	Treasurer		
7.	Director P&P		
8.	Hostel/Mess Incharge		
10.	Transport Incharge		
11.	Director QEC		
12.	Director ORIC		
13.	Deputy Registrar		
14.	Director Procurement/Store Officer		

Countersigned by:

Registrar

(Signature/Stamp)