

CLEARANCE CERTIFICATE OFFICER/STAFF.

Reason for clearance:-

Movement Reference :-

Name :-

Office:-

Certified that I am not aware of any liability in any department by the above named officer/staff subject to his being charged for the deficiencies of equipment, Stores or other items detailed below:-

Sl. No.	Department/Section	To be certified by	Signature & date with office seal showing full name & designation	Remarks
1	2	3	4	5
1.	Advance, loans etc. a) HBA b) Motor Cycle/Cycle advance c) C.P.F Advance d)	Head of the office		
2.	a) Accommodation b) Transport c) Telephone d) e)	Director of E & T or by the Head of the Accommodation Committee and Head of the office		
3.	Store	Store Officer/Store-in charge or Head of the office		
4.	Canteen	Head of the office		
5.	Library	Head of the office		
6.	a) Disciplinary case b) Punishment awarded	Head of the office or concerned D.D E & D Directorate		
7.	Training a) Foreign Training b) Bond executed c)	Head of the office or by the concerned D.D of Training		

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