

 University of Management and Technology-Sialkot Campus

Clearance Certificate

***It is certified that there is nothing Outstanding against***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee NameMr. / Ms. | Designation | Code | Department/ School | Employment Status | Date of Joining | Date of Resignation | Last Working Day |

 Applicable notice period after submitting the resignation (filled by OHCM)

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| **Head Learning Resource Centre** | **Office of Campus Management and Services** |
| Name: Signature: Ensure No Book Issued After clearance. Write cost of book not returned | **OCMS**  **Store**  **OTN** Name: Signature:  |
|  | **Office of Human Capital Management** |  |  |  |
| **Head Controller of Examinations** |  |  |  |  |
| Name: Signature:  | Last working day as per attendance**Employee Card OPD Cards****In door Cards Social Security Card Attendance Roaster Provident Fund Directory Updation** | **Yes** | **No** | **N/A** |
| **Head Office of Technology Enablement**Remarks for OTE regarding computer data  | **Office of Human Capital Management (Notice Period Verification)** |
| **Email:** Domain ID | No of days worked after date of resignation (as per the HR |
| **ERP/Portals ect.** Web portal | attendance record) |
| Name:  | Name:  |
| Signature: Ensure Login Bloacked on last W.D or Schedule it before Signing | Signature:  |
| **OSSV Vehicle Parking Sticker Yes No**Name: Signature:  | **N/A** | **Concerned KU Head/Program Incharge / Office Head**Name: Signature:  |
| **Director Campus Remarks****Required Notice Period Served No of days served** **Required Notice Period Not Served No of days not served** **Notice Period Waved Off No of days waved off** **Remarks Regarding Notice Period Wavier:** Name: Signature:  |

Any other comments:

\* Remaining dues if any, will be payable within minimum of 4 working weeks after submission of form to OHR Treasurer Head Office of Human Resources