

University of Management and Technology-Sialkot Campus

Clearance Certificate

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name  Mr. / 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