



MTI/HAYATABAD MEDICAL COMPLEX, PESHAWAR

EMPLOYEE CLEARANCE FORM

Employee ID No. _____ Date of Joining _____

Employee Name _____ Father's Name _____

Designation _____ Department _____

Employee Type(Fixed pay/Institutional /Civil) _____

Reason (Resignation/Transfer/Retirement) _____ Cell No# _____

S.NO	DEPARTMENT	NAME OF IN-CHARGE	DESIGNATION	SIGNATURE
1.	Place of Duty/Own Department			
2.	Security			
3.	Provost (a) Hostel resident / non resident (b) Hostel Name _____ (c) Room No. _____ Vacated <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Any deficiency regarding room allotted <input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	Manager IT			
5.	FINANCE & ACCOUNTS			
	a. Detail of Loans/Outstanding dues <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Rs.		
	b. Detail of Advance against Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Rs.		
6.	HUMAN RESOURCE DEPARTMENT			
	a. Status of notice period in case of resignation (completed) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	b. Any Inquiry pending (Detail) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	c. Experience Certificate issue <input type="checkbox"/> Yes <input type="checkbox"/> No			
	d. RFID Card Returned <input type="checkbox"/> Yes <input type="checkbox"/> No			

Suptentend HR _____

Manager HR _____



MTI/HAYATABAD MEDICAL COMPLEX, PESHAWAR

EMPLOYEE CLEARANCE FORM