



WOMEN UNIVERSITY, SWABI

EMPLOYEE CLEARANCE FORM

Name:	Father Name:	Position:	Date of Joining:
Date of Relieving or Expected to be Relieved:	Date of Initiating Clearance:	Dept./Section Last Posted in:	Signature:

S/No	Department/ Section	Name & Designation	Signature & Stamp	Remarks
1.	Head of Concerned Department/Section			Nothing related to this section/department is outstanding against the employee
2.	Administration Section			
3.	Store Section (by Store Officer)			
4.	Finance Section			
5.	Admissions Section			
6.	Examinations Section			
7.	Transport Section			
8.	Academics Section			
9.	Central Library			
10.	IT Section			
11.	Security Section			
12.	Establishment Section			

Submitted to and Countersigned by the Registrar _____