



WOMEN UNIVERSITY, SWABI

EMPLOYEE CLEARANCE FORM

Name:	Father Name:	Position:	Date of Joining/ Semester Starting
Date of Relieving or Expected to be Relieved/ Date of Semester Completion	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			
2.	Academics Section			
3.	Examinations Section			
4.	Administration Section			
5.	Security Section			
6.	Store Section			
7.	Finance Section			
8.	Admissions Section			
9.	Transport Section			
10.	Central Library			
11.	IT Section			
12.	ORIC			
13.	QEC			
14.	FAD			
15.	Daycare			
16.	Warden (Hostel)			
17.	Establishment Section			

Submitted to and Countersigned by the Registrar _____