

## **CLEARANCE CERTIFICATE**

Name of Employee:		
Department / Branch:		
Designation/BPS:		
Address/Contact No.:		
	FOD OFFICIAL USE ONLY	Signature of Employe

## ee

## FOR OFFICIAL USE ONLY

DEPARTMENT	SIGNATURE & STAMP OF SECTION INCHARGE WITH
	DATE
Head of Concerned Department	
Librarian	
Director, Health & Physical Education	
Treasurer	
Estate Care Officer	
Registrar	
Director, Information Technology	
Manager Habib Bank (GSCWU BWP)	
Store Incharge	
Store menarge	