



Staff Format No: 5

Application for Liability Clearance

Name of the Applicant :
Designation :
Department :
Date of Joining :
Date of Exit from service :
Reason for Exit :
Please report the liability, if any

Signature of the Applicant

Date :

Liability Report

Sl. No.	Department/Office	Status	Signature & Name of the reporting authority
1.	Director (HRM)		
2.	Director (Acad.Affairs)		
3.	Library		
4.	Transport Section		
5.	NISWA		
6.	D1 Section		
7.	Concern Department		
8.	Research		
9.	Internet Lab :-		
	Computing Centre		
	ID Card		
10.	Quarters / Hostel		
11.	Accounts Section:-		
	i) Income Tax		
	ii) Pro.Tax		
	iii) Cloth Loan		
	iv) Telephone		
	v) Mess		
	vi) Loan		
	vii) Others if any		

Registrar

Pro Vice – Chancellor (Academic)

Pro Vice – Chancellor (Admin.)