

**COAST PROVINCE GENERAL HOSPITAL  
CLEARANCE FOR OFFICERS LEAVING THE STATION**

NAME: ADAM NZAKA NDAGA DESIGNATION: NURSING OFFICER P/NO: 127/PA1

Authority for leaving station vide letter No. .... Date: .....

**Officer's contact:**

Telephone: 0711 959936

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P.O. Box: 93695, MOMBASA

DEPT/SECTION	REMARKS ON LIABILITIES, IF ANY	NAME AND SIGNATURE	DATE
OFFICER'S HEAD OF DEPARTMENT	<i>nil</i>	<i>[Signature]</i> HEAD OF DEPARTMENT	<i>27/5/15</i>
TELEPHONE EXCHANGE	<i>NIL</i>	<i>[Signature]</i> TELEPHONE SUPERVISOR	<i>26/5/15</i>
LIBRARY	<i>NIL</i>	<i>[Signature]</i> LIBRARIAN IN CHARGE	<i>27/5/15</i>
SUPPLIES	<i>NIL</i>	<i>[Signature]</i> SUPPLY CHAIN MANAGEMENT OFFICER	<i>27/5/15</i>
CASH OFFICE	<i>nil</i>	<i>[Signature]</i> CASHIER	<i>26/5/15</i>
HOUSING	Housing Inspection (attach report) Clearance of water bill... <i>N/A</i> ..... Clearance of electricity bill... <i>N/A</i> ..... Clearance of house rent... <i>N/A</i> ..... Liability for damage to house Kshs.....	<i>[Signature]</i> OFFICER IN CHARGE HOUSING	<i>27/5/15</i>
HUMAN RESOURCE	<i>NO LIABILITY</i>	<i>[Signature]</i> HUMAN RESOURCE MANAGEMENT OFFICER	<i>27/5/15</i>

**FOR: CHIEF ADMINISTRATOR**

Certified that the officer can now be released on transfer/resignation/retirement/dismissal upon clearance by all Departments as indicated above.

**CHIEF ADMINISTRATOR  
COAST PROVINCE GENERAL HOSPITAL**  
(To be filled in duplicate)