

NO DUE CERTIFICATE

This is to inform that Mr./ Ms/Mrs.....Employee ID.....
of.....(department) on the rolls of..... is
being relieved from the employment with the organization with effect from.....
You are requested to note this and also confirm hereby by duly signing below that your
department has NO DUES from the above person

Date :

Manager-HR Operations

DEPARTMENT	SIGNATURE OF HOD	DATE
1) WORKING DEPARTMENT		
2) STAFF QUARTER- INCHARGE		
3) STORES/PURCHASE		
4) CASHIER		
5) INFORMATION TECHNOLOGY		
6) FINANCE & ACCOUNTS-		
7) FACILITIES DEPARTMENT		
8) HUMAN RESOURCES		
9) EXIT INTERVIEW		
10) BANK LOAN CLEARANCE		

The above person's/employees full and final settlement has been finalized and paid on

.....

Prepared/ Checked by (HR)

Head-HR

Date :