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| **ASSOCIATE CLEARANCE FORM** | | | |
| **Associate Name** | |  | | --- | |  | | **Associate I.D.** | |  | | --- | |  | |
| **Designation** | |  | | --- | |  | | **Department** | |  | | --- | |  | |
| **Date of Joining** | |  | | --- | |  | | **Reporting To** | |  | | --- | |  | |
| **Date of Resignation** | |  | | --- | |  | | **Date of Relieving** | |  | | --- | |  | |

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| **Clearance from Manager / Department Head** | |
| **List of Activities** | **Status (Returned / Disabled)** |
| Documentation / Asset Handover |  |
| Knowledge Transfer |  |
| Client E-Mail Login |  |
| Client Web Service Access |  |
| Other Tools and repository logins |  |
| **Signature of K.T. receiver & Date** |  |
| **Signature of the Department Head & Date** |  |

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| **Clearance from I.T. Admin. Department** | |
| **List of Activities** | **Status (Returned / Disabled)** |
| Login Credentials |  |
| Laptop / Desktop |  |
| Email Access deactivated |  |
| A.W.S / MS Azure / Google Cloud Login |  |
| Biometric & Other Access deactivated |  |
| Active Directory Deactivation |  |
| **Signature & Date** |  |

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| **Clearance from Accounts Department** | |
| **Description** | **Remarks & Signature** |
| Loans / Advance / Reimbursement / Others |  |
| Claims Submitted |  |
| **Signature & Date** |  |

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| **Clearance from Admin Department** | |
| **List of Activities** | **Status (Returned / Disabled)** |
| Mobile / S.I.M. |  |
| Drawer Keys |  |
| **Signature & Date** |  |

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| **Clearance from H.R.** | |
| **List of Activities** | **Status (Returned / Disabled)** |
| Identity Card to be Returned |  |
| Time Sheet Login Disable |  |
| Letter of Undertaking |  |
| Medical Insurance Deletion Intimation |  |
| Documents submitted as per Tax Declaration in ADP portal |  |
| **Signature & Date** |  |

**Declaration by the Associate**

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| I State that I am aware of the Non-Compete, Non-Disclosure, Non-Solicitation Agreement signed along with the appointment letter is binding on me for period of twelve months from my last working day.  I am also aware that it is my responsibility to submit all the Bills for reimbursement and Income Tax exemption based on my tax declaration. I am also aware that failure to submit the bills/documents in ADP portal will lead to deduction of TDS as appropriate in the Full and Final Settlement.  I am aware that my last month salary will be paid to me along with the Full and Final settlement. | |
| **Associate Signature & Date** |  |

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| --- | --- |
| **Associate Address & Phone No** |  |

It is the associate’s responsibility to ensure that this form is completed and returned to H.R. department for further processing of service and reliving letter. Please note that your final pay will not be prepared until this form is completed and submitted to H.R.