

CLEARANCE FORM

Purpose: To streamline the Clearance Procedure, sign offs by the Respective Departments needs to be taken:

Name of Employee :	Date of Joining :	Date of Resignation:
Name of Supervisor:	Last Working Date:	Date of Clearance:

Sr. NO	Department	Concerned Person	Signature
1	Immediate Supervisor		
2	Admin Department : Submission of ID : Locker Key :		
3	Exit Interview Conducted		
4	Resignation Acceptance(if applicable)		
5	Information Technology: Disable login		
6	Others (Mobile, Laptop, Business cards etc.)		

- **Kindly Note : No Clearance will be done unless all company property submitted**

Please the appropriate	YES	NO
Mail ID disabled		
E-Mail back-up taken		
Data backup taken		
Application rights revoked		
VPN ID deleted		
Domain ID deleted ON-Shore		
Domain ID deleted Off – Shore		
Signature of Employee:		