



AZAD JAMMU & KASHMIR MEDICAL COLLEGE
MUZAFFARABAD AZAD KASHMIR

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Employment Clearance Form

Name: _____

Designation: _____

Department: _____

An employee is required to return the College's properties to the respective Departments before leaving the service of the College. He/ She is instructed to bring this form to the various Departments as stated below to obtain Clearance before collection of salary etc.

Please fill the requirements.

1. **Admin**

Outstanding items: _____

Value Rupees: _____ Cleared by: _____

(Signature)

2. **Finance/ Accounts**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature)

3. **Store**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of Storekeeper)

4. **Library**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of Librarian)

5. **Canteen**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

6. **Concerned Department**

Outstanding items: _____

Value Rupees: _____ Cleared by: _____

(Signature of In-charge)

7. **Hospitals:
AIMS**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

SKBZ/CMH

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

8. **Faculty Guest House**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

9. **Skill Lab**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

10. **Medical Education**

Outstanding items: _____

Value Rupees: _____ Cleared by : _____

(Signature of In-charge)

Signature of the applicant: _____

Approved: _____