



AUTONOMOUS STATE MEDICAL COLLEGE, LALITPUR

District - Lalitpur, Uttar Pradesh



NO DUES CERTIFICATE / CLEARANCE FORM

1. EMPLOYEE PERSONAL & SERVICE DETAILS

Employee Name: Employee ID/Code:
Designation: Department:
Date of Joining: Last Working Date:
Mobile No.: Employee Type: ☐ Faculty ☐ JR/SR ☐ Nursing ☐ Staff
☐ Other

2. DEPARTMENTAL CLEARANCES & VERIFICATION

S.N.	Section / Department	Dues / Material Checked	Status	Signature & Stamp
1	Concerned Dept. / HOD	Departmental records, files, equipment/instruments	☐ Cleared ☐ Not Cleared	
2	Accounts Section	Salary, advances, recoveries & financial dues	☐ Cleared ☐ Not Cleared	
3	Establishment Section	Service records, documents & ID card	☐ Cleared ☐ Not Cleared	
4	Library	Books, journals & library material	☐ Cleared ☐ Not Cleared	
5	Store / Central Store	Equipment, instruments & institutional material	☐ Cleared ☐ Not Cleared	
6	IT / Computer Section	Computer, laptop, accessories & IT property	☐ Cleared ☐ Not Cleared	
7	Hostel Section	Hostel room, furniture, keys & other property	☐ Cleared ☐ Not Cleared	
8	Electricity Section	Electricity bill / dues of allotted accommodation	☐ Cleared ☐ Not Cleared	
9	CMS Office	Hospital-related property, records & other dues	☐ Cleared ☐ Not Cleared	
10	Medical Superintendent	Hospital / administrative records, property & dues	☐ Cleared ☐ Not Cleared	

ELECTRICITY BILL CLEARANCE DETAILS

Accommodation: ☐ 300-Bedded Hospital Hostel ☐ Amarpur Campus ☐ Other Room No.:
Meter No.: Bill Paid To:
Clearance Status: ☐ Dues Cleared ☐ Not Cleared / Pending Dues (if any):

DECLARATION: I hereby declare that I have returned all institutional property issued to me and have cleared all applicable dues, including electricity charges relating to my allotted accommodation. I undertake to clear any dues subsequently found outstanding against me.

Employee Signature

Date:

Prepared / Verified By

Establishment / Admin Officer

PRINCIPAL

ASMC, Lalitpur