



INSTITUTE OF PHYSICS, BHUBANESWAR
CLEARANCE FORM FOR RELEAVING / RESIGNATION FROM INSTITUTE

NAME :
DESIGNATION :
Alt. E-Mail ID (*gmail /yahoo etc*) :
WORKING AREA :
IMMEDIATE SUPERIOR :
DATE OF JOINING : DATE OF LEAVING :
PURPOSE OF LEAVING :

Date : SIGNATURE

CLEARANCE OBTAINS FROM THE CONCERNED SECTION

Library : _____ Computer Section : _____

Establishment : (1) Medical Book _____ (2) I-CARD _____

Vehicle : _____ Telephone : _____

Occupied Cubical Key (Clearance from Director's Office) : _____

Room Key : Returned _____ Not Returned _____

PROVOST : _____ Hostel Manager _____

Any other matter may be noted _____

FORWARDED TO DIRECTOR

ALLOWED / NOT- ALLOWED

SUPERVISOR/FACULTY OF SAME GROUP (FOR PDF)

DIRECTOR

[For Official Use (CONCERNED SECTION MAY USE SEPARATE SHEET IF NEEDED)]

Accounts Section for Clearance :

Laboratory for Clearance :

Store for Clearance :