



FAZAIA MEDICAL COLLEGE
AIR UNIVERSITY
CLEARANCE CERTIFICATE
FMC Employees (Management, Faculty, Supporting Staff)



Dated: _____

Employee No: _____ Name: _____ Designation: _____

Department: _____ HOD: _____ Date of Joining: _____

Exit Date: _____ Reason for Clearance: _____ Contact no.: _____

Present Address: _____

Department	Approving Authority Name & Designation	Outstanding	Signature & Date
Head of Department			
Principal Office			
Vice Principal Office			
Physiology Lab			
Anatomy Lab/Museum			
Biochemistry Lab			
Pathology Lab/Museum			
Histopathology Lab			
Community Medicine Lab/Museum			
Pharmacology Lab			
Forensic Medicine Lab			
Library			
AU-IT/Network Department			
FMC-IT Lab/Network			
Transport			
AU-Adm. Office (I/C Adm Office will collect ID card & Car Sticker)			
FMC-Adm. Office			
FMC-HR Department			
FMC-Finance			

Deputy Director Finance
Fazaia Medical College

Note: Form is to be raised in two copies in last working week of the notice period

Start clearance from your concerned department then rest of the relevant departments then send to HR and Finance.

On Clearance individual is to deposit/clear of following.

1. FMC ID card
2. Car Sticker
3. Health Insurance Card
4. Library Books
5. Any Out Standing Loans/Payments
6. Any item issued on loan card, clear of TR's /Advances/any file/correspondence held on charge.