

KATHMANDU UNIVERSITY  
SCHOOL OF .....  
DEPARTMENT OF .....

**CLEARANCE FORM**  
(Applicable to all the Teaching/Non-teaching Staff)

(Please submit the ID card to the Library and Insurance Card to HR Section)

Staff's Name : \_\_\_\_\_

Position : \_\_\_\_\_

Item	Clearing Body	Location	Authorized Person	Signature/Date	Remarks
A	Central Office				
	Store				
	Account				
	Examination				
	Library				
	HR & GS				
	ISMS				
	Quarter (If Applicable)				
B	Laboratory				
1					
2					
3					
4					
C	Administration				
1	Department Administration				
2	School Administration				
D	Research/Work Supervisor (If Research/Work-Assistant/Graduate-Student)				
E	If Any				

Note:

1. In remarks, Please indicate whether clear or conditional, NA (Not- Applicable).
2. If conditional, please specify what the person shall do to get clearance. Please attach necessary document and consult respective coordinator, if needed.
3. If Not- Applicable, the Department Coordinator will sign for the clearance assuring that the item is not applicable to the person.
4. This form needs to be filled by the concerned staff
5. Please write name of authorized person and designation in the black space  
The above person has been cleared of his current liabilities/responsibility. \_

\_\_\_\_\_  
HOD/ Coordinator Signature and Date

Approved By: \_\_\_\_\_ Dean/ Associate Dean