

KATHMANDU UNIVERSITY

CLEARANCE FORM

(Application to all the Teaching/Non-teaching Staff)
(Please submit the ID card to the Library and Insurance Card to HR Section)

Staff's Name: _____

School/Central: _____

Position: _____

Department/Division: _____

Item	Clearing Body	Location	Authorized Person	Signature/Date	Remarks
A	Central Office				
	Store				
	Account				Loan:
	Examination				
	Library				
	HR				
	ISMS				
	Quarter (If Applicable)				
B	Canteen				
C	Administration				
1	Department Administration				
2	School Administration				
D	Laboratory				
1					
2					
3					
E	Research/Work Supervisor (If Research/Work-Assistant/ Graduate-Student)				
F	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 attached 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/Managers
Signature and Date

Approved By: _____ Dean/Associate Dean/Chief