

No Dues Clearance Form (Updated on 01.07.2021)

- ❖ This form will be initiated by HR Manager/ HR Deputy Manager/ HR Senior Executive when an employee has completed his notice period after his resignation been accepted successfully.
- ❖ In case of termination done by the Company, HOD's approval will determine if there is any change in the sequence of this or not.
- ❖ Everyone who has a duty in this form must make sure that they do their steps and move the form with speed to the next step.

Section 1: To be initiated by HR Manager/ HR Deputy Manager/ HR Senior Executive.

Employee Name: Employee Code:

Designation: Department:

Employee's Signature: Date:

- After filling, please forward this form to Section 2.

Section 2- Concern HOD:

- I attest that the said employee is discharged from any/all obligations from my department.

Remark (If any):

Name: Signature: Date:

- After filling, please forward this form to Section 3.

Section 3- HR Department:

(i) Check that attendance access is withdrawn.

(ii) Check that ID Card is deposited.

(iii) Check that Bio-Metric Card is deposited.

(iv) Check that dress (if any) is deposited.

(v) Check that stationary items are deposited.

- I attest that the said employee is free from any/all obligations from HR Department.

Remark (If any):

Staff Joining Date: Staff Exit Date:

Name: Signature: Date:

- Please forward this form to Section 4.



Section 4- IT Department:

- (i) Laptop/desktop is deposited by originator.
- (ii) Mobile phone (if company provided) is deposited by originator.
- (iii) All the IDs and passwords are disabled.
- (iv) Any memberships, access to sites, etc. disabled.
- I attest that the said employee is free from any/all obligations from IT Department.

Remark (If any):

Name: Signature: Date:

- Please forward this form to Section 5.

Section 5- Accounts Department:

- (i) No loan dues as per our record.
- (ii) No advance dues as per our record.
- (iii) No any other dues as per our record.
- (iv) No unclear/pending imprest as per our record.
- I attest that the said employee is free any/all obligations from Accounts Department.

Remark (If any):

Name: Signature: Date:

- Please forward this form to Section 6.

Section 6- HR Department:

- (i) Check previous attestations.
- (ii) If all OK then calculate the F&F amount. F&F Amount:
- (iii) Forward this form to Accounts for disbursement.

Remark (If any):

Name: Signature: Date:

- Please forward this form to Section 7.



Section 7- Accounts Department:

(i) Check previous attestations, if all found OK then disburse the amount mentioned in Section 5 point (ii).

(ii) After disbursal, forward the form to HR.

Remark (If any):

Name: Signature: Date:

Please forward this form to Section 8.

Section 8- HR Department:

(i) On receiving this form, file it in the personal file of the individual if the F&F is disbursed.

(ii) Issue an experience certificate, signed by HR Head/ Concern HOD to the employee.

Remark (If any):

Name: Signature: Date:

----- **End of Form** -----

