

# National Health Systems Resource Centre

Ministry of Health & Family Welfare, Government Of India, New Delhi

## EXIT CLEARANCE FORM

(Kindly complete this form and ensure clearance from the individual Unit Heads. Then submit the form to the HR Department for further processing. No salary or relieving letter will be released if signatures from the respective units are not completed.)

Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Division / Department: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

Date of Resignation: \_\_\_\_\_

Contract End Date: \_\_\_\_\_

Last Working Day: \_\_\_\_\_

*I hereby confirm that I have handed over all the original ID proofs issued to me by NHSRC and I am no longer in possession of the photocopy of any of the IDs issued to me during my tenure with NHSRC.*

Signature: \_\_\_\_\_

DIVISION / DEPARTMENT	ITEM (Please specify if not indicated)	REMARKS (Please tick if cleared, N/A for not applicable and specify others)	NAME & SIGNATURE
REPORTING UNIT	<ul style="list-style-type: none"> <li>• Hand Over Sheet</li> <li>• Files / Folders</li> <li>• Passwords</li> <li>• Softcopy Locations</li> <li>• Books/ Manuals/ Reports</li> <li>• Others</li> </ul>		
IT	<ul style="list-style-type: none"> <li>• Email Id</li> <li>• Laptop / Bag</li> <li>• Mouse</li> <li>• Data Card</li> <li>• Pen drive</li> <li>• External Drive</li> <li>• External DVD Drive</li> <li>• Mobile</li> <li>• SIM Card</li> <li>• E file Account</li> <li>• NIC email ID</li> </ul>		
LIBRARY	<ul style="list-style-type: none"> <li>• Books / Periodicals</li> <li>• Others</li> </ul>		
ACCOUNTS	<ul style="list-style-type: none"> <li>• Advance / Loan</li> <li>• Other Outstanding</li> </ul>		
ADMINISTRATION	<ul style="list-style-type: none"> <li>• Temporary Pass - Nirman Bhawan</li> <li>• Keys</li> <li>• Stationeries</li> <li>• Others</li> </ul>		

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HR	<ul style="list-style-type: none"><li>• Medical Insurance Opted (<b>Yes/ No</b>)</li><li>• <b>If yes</b>, Medical Insurance Card submitted</li></ul>		
	<ul style="list-style-type: none"><li>• Resignation Letter</li><li>• Notice Period Recovery</li><li>• ID Card issued by NHSRC</li><li>• Others</li></ul>		

-----TO BE COMPLETED BY HR DEPARTMENT-----

Received On: \_\_\_\_\_ Received By: \_\_\_\_\_

Relieving Status: \_\_\_\_\_ Relieving Letter Issued On: \_\_\_\_\_