

**GURU TEG BAHADUR INSTITUTE OF MANAGEMENT &
TECHNOLOGY, DAKHA, LUDHIANA**

CLEARANCE / NO-DUES CERTIFICATE PERFORMA

Name of Employee: _____

Designation: _____

Department: _____

Employee ID: _____

Date of Joining: _____

Date of Relieving: _____

This is to certify that the above-mentioned faculty member has completed the necessary clearance formalities with the following sections of the Institute:

Sr. No.	Department	No Dues/Clearance	Signature
1	Admin Office		
2	HoD		
3	Library		
4	Canteen		
5	Examination Office		
6	IT Cell		

Declaration

It is certified that Dr./Mr./Ms. _____, Assistant Professor, Department of _____, GTB-IMT, Dakha, has cleared all dues and returned all Institute property, documents, books, equipment, and other materials entrusted to him/her, as applicable.

Remarks, if any:

Employee Sign: _____

Date: _____

Signature of HOD: _____

Director: _____