NO DUE CERTIFICATE

This is to inform that Mr./ Ms/Mrs……………………………………Employee ID…………….

of…………………………………(department) on the rolls of…………... ……………………. is

being relieved from the employment with the organization with effect from………..………….

You are requested to note this and also confirm hereby by duly signing below that your

department has NO DUES from the above person

Date : Manager-HR Operations

|  |  |  |
| --- | --- | --- |
| **DEPARTMENT** | **SIGNATURE OF HOD** | **DATE** |
|   |   |   |
| 1) WORKING DEPARTMENT |   |   |
|   |   |   |
| 2) STAFF QUARTER- INCHARGE |  |  |
|  |  |  |
| 3) STORES/PURCHASE |   |   |
|   |   |   |
| 4) CASHIER |   |   |
|   |   |   |
| 5) INFORMATION TECHNOLOGY |   |   |
|   |   |   |
| 6) FINANCE & ACCOUNTS-  |   |   |
|    |   |   |
| 7) FACILITIES DEPARTMENT |   |   |
|   |   |   |
| 8) HUMAN RESOURCES |  |  |
|  |  |  |
| 9) EXIT INTERVIEW |   |   |  |
|  |  |  |  |
| 10) BANK LOAN CLEARANCE |  |  |  |

The above person’s/employees full and final settlement has been finalized and paid on

…………………………..

Prepared/ Checked by ( HR) Head-HR

Date :