**No Dues Certificate Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |  | | |
| **Address:** |  | **Contact No.:** |  |

**Employee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** | John Doe | **Employee ID:** | EMP-4587 |
| **Department:** |  | **Designation:** |  |
| **Date of Joining:** |  | **Date of Resignation/Relieving:** |  |

**Section 1: Departmental Clearance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department / Section** | **Items/Responsibilities to be Cleared** | **Cleared (Yes/No)** | **Remarks** | **Authorized Signature** |
| Administration | Office ID, locker keys, access cards | ☐ | Administration | Office ID, locker keys, access cards |
| Accounts & Finance | Advances, loans, petty cash, salary dues | ☐ | Accounts & Finance | Advances, loans, petty cash, salary dues |
| HR Department | Documents, personal file, benefits claims | ☐ | HR Department | Documents, personal file, benefits claims |
| IT Department | Laptop, email access, software licenses | ☐ | IT Department | Laptop, email access, software licenses |
| Library / Store | Books, materials, or equipment issued | ☐ | Library / Store | Books, materials, or equipment issued |
| Security | Uniform, ID card, gate pass | ☐ | Security | Uniform, ID card, gate pass |
| Department Head | Work handover, reports submitted | ☐ | Department Head | Work handover, reports submitted |

**Section 2: HR / Accounts Verification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Verification Item** | **Details** | **Verified By** | **Signature** | **Date** |
| Final Salary Processed |  |  |  |  |
| Leave Encashment / Gratuity |  |  |  |  |
| Other Dues Settled |  |  |  |  |

**Section 3: Declaration**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, confirm that I have returned all company property and cleared all dues with the respective departments.  
I understand that this clearance is mandatory for processing my final settlement and issuing my experience certificate.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Final Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized By** | **Designation** | **Signature** | **Date** |
| HR Manager |  |  |  |
| Accounts Manager |  |  |  |
| Department Head |  |  |  |

**Official Use Only**

**No Dues Certificate Issued On:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Certificate No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Remarks (if any):** |
|  |