E16/68/2022-Admn./E file-142748
Indian Council of Medical Research Headquarters
CLEARANCE CERTIFICATE for **Project Staff/Outsourced Staff**

Ramalingaswami Bhawan,
Ansari Nagar East,
New Delhi, Delhi-110029
Dated: _____

Shri/Ms./Dr. _____ Designation _____ has surrendered the following items on his/her resignation/reliving on _____from the Division/Section/Cell _____
Project Name_____ A copy of Order No. _____ dated _____ in this regard is enclosed.

Period of engagement from_____to_____

SL No.	Items	Surrendered	Remarks of dealing with officials with initials	Section
1.	Identity Card No.	Yes/No/NA	Received/ Not Received/NA	Establishment
2.	Computer	Yes/No/NA	Received/Not Received/NA	Store Section
3.	Laptop	Yes/No/NA	Received/Not Received/NA	Store Section
4.	Key of Secret Lock/Almirah	Yes/No/NA	Received/Not Received/NA	Concerned Division
5.	TA/DA claims or Dues , if any	Yes/No/NA	Received/Not Received/NA	Bill Section
6.	E-Office	Yes/No/NA	Received/Not Received/NA	E-Governance Cell
7.	Bio-Metric Attendance	Yes/No/NA	Received/Not Received/NA	E-Governance Cell
8.	Cashier	Yes/No/NA	Received/Not Received/NA	DDO Office

(Signature of officer/official with date)

Section Officer (Concerned Division)

Section Officer (Bill Section)

Cashier

Section Officer (Store)

Section Officer (Estt.)

Section Officer (E-Governance Cell)