



**SRI VENKATESWARA COLLEGE
(UNIVERSITY OF DELHI)**

Date.....

Clearance Form for Teaching/Non-Teaching Staff Member

Name of the employee :

Designation :

Department :

UNDERTAKING.

I do hereby undertake as under:-

- (i) I have already returned my Identity Card & Medical Card to the Establishment Branch of the college.
(ii) That I shall repay the amount worked out as excess payment on account of wrong calculation of pay/arrears applicable on pay fixation of award of MACP/CAS promotion/Pension/Any other arrears with retrospective effect. I hereby authorize Competent Authority of the College to recover any such amount from my Salary/Pension and I shall have no objection to the same.

Signature of the employee with date

Department	Remarks	Signature	
Departmental Clearance & Attendance Register		Laboratory-in-charge	Teacher-in-Charge
Administration		Dealing Assistant (s)	Section Officer (Admin)
Establishment		Dealing Assistant (s)	In-Charge
Accounts		Dealing Assistant (s)	Section Officer (A/cs)
Library		Dealing Assistant (s)	Librarian
Cooperative Society		Secretary	
Union Bank of India		Manager	
Delhi University		1. Central Library _____ 2. Science Library _____ 3. Rattan Tata Library _____ 4. South Campus Library _____ 5. WUS Health Centre _____	

PRINCIPAL