**UNITED** International **UNIVERSITY**

**CLEARANCE FORM**

**(For Full-time Faculty Members)**

|  |
| --- |
| ***This form is to be filled-in at the time of applying for Study Leave/Extra Ordinary Leave/Lien or Resigning/Terminated from UIU and to be submitted to the Registrar’s Office with clearance from each of the mentioned departments.*** |

**Name: ­­­­­­­­­­­­­­ Department: ­**

**Designation: Joining Date:**

|  |  |  |
| --- | --- | --- |
| **Department** | **Signature of Authorized Person** | **Remarks** |
| **Concerned Dept./Program** | For Grade Sheet(s), Answer Scripts  & Other Involvements |  |
| **Head of the Dept./Program/Institute** |
| **DCCSA** |  |  |
| **Director** |
| **Library** |  |  |
| **Deputy Librarian** |
| **CITS** |  |  |
| **Director** |
| **Laboratories** |  |  |
| **Concerned Official/Staff of Lab(s)** |
| **Finance & Accounts** |  |  |
| **Joint Director** |
| **Registrar’s Office** | For UIU Stationery & Keys |  |
| **Assistant Director (Store)** |
| For UIU SIM - Cell phone (If any) & ID Card |  |
| (For Principal Investigators of UIU Research Grant)  Status of the ongoing Project |  |
| **Joint Registrar (HR & Admin)** |  |
| **Comments (If any):** | | |
|  | |  |
| **Registrar** |

**CC:** Joint Director (Finance & Accounts)