INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE
(Deemed to be University under de novo category)
2A & 2B, Raja S C Mallick Road, Jadavpur, Kolkata 700032

Mandatory Clearance Form on Resignation/Leave without fellowship

Name: Mr. /Ms. .....

Academic Programme: (Please Tick✓) ___ BS-MS / MSc/ PhD/ RA/ NPDF

Date of Resignation/Leave without Fellowship: .....

Sl No	School/Section In-Charge	No Dues (Please tick ✓)	Signature	Date
1.	School Chair/Head of Department/Supervisor/Officer concerned certifying handover of charges to him/her and no articles issued to the incumbent are lying unrecovered.	Yes / No		
2.	F&AO certifying all advance/loans etc made in favour of the incumbent have been adjusted.	Yes / No		
3.	Librarian certifying all books & journals issued to the incumbent has been returned and no Library item is lying unrecovered.	Yes / No		
4.	Workshop Superintendent certifying all articles, instruments and equipments borrowed have been returned and no workshop item issued is lying unrecovered.	Yes / No		
5.	Professor In-Charge, Computer Centre certifying that there is nothing outstanding with the student	Yes / No		
6.	ID card Issuing Officer certifying that all ID cards have been returned	Yes / No		
7.	Medical Cell In-Charge certifying that the Medical Card has been returned.	Yes / No		
8.	Accounts Officer, University Accounts Section certifying that all dues have been paid.	Yes / No		
9.	Chairman. Amenities Committee certifying that all dues have been paid.	Yes / No		
10.	General Secretary, Science Association Club certifying all books/magazines/other related items issued have been returned.	Yes / No		
11.	Hostel Superintendent certifying hand over of hostel and that no hostel articles are lying unrecovered.	Yes / No		

Registrar

To be filled by the student:

1. Future Contact of student: mobile no:_____ Email ID:_____
2. Details of future engagement after completion of IACS Academic Programme:
   (Company name & designation in case of job/Institute & Programme name in case of pursuing Academics /Other future plans if any:

   _____

   _____

Student ID No: _____ **Signature of Student:** _____ **Date:** _____