



RAIPUR INSTITUTE
OF MEDICAL SCIENCES
Health for all

NO DUES CERTIFICATE

DATE: _____

Name: _____

Employee Code No: _____

Department: _____

Designation: _____

DEPARTMENT NAME:

1. H.O.D _____

2. H R _____

3. Admin (Manager) _____

4. Networking (Manager) _____

5. Security Guard _____

6. Accounts _____

7. Hostel Supervisor _____

8. Librarian _____

9. Canteen Incharge _____

Signature of the Candidate



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Resignation Form

1. Employee Name:
2. Date:
3. Reason:
4. Have you given proper notice period as per your offer letter?
5. Have you properly handed over your functions to your replacement?
6. Have you discussed your accounts with Accounts Department? Any issues?
7. Anything that company could have done to retain you?
8. Any suggestions / feedback (Use additional sheet if needed)
9. Did your department head CEO make efforts to retain you?

Candidate Signature:

Department Head Signature:



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STATEMENT OF FULL&FINAL SETTLEMENT

Name ----- Father's Name -----

Designation -----

Present Address -----

Email Id -----

Date of Appointment ----- Date of Resignation -----

Date of Release -----

Salary From ----- To -----

Unpaid salary for the month credit amount
As per accounts dept. Unavailed ED leave ----- days

Notice pay ----- days.

Total -----

DEDUCTIONS

P.F-----

E.S.I -----

Advance -----

Notice pay days -----

Total Deduction -----

Net Amount payable -----

(Rupees -----)

(Prepared by) ----- (Personnel Manager) ----- (G.M. Finance)
Please indicate if anything due

Dept. Head : ----- Store : -----
I _____ agreed the above full and final settlement and I don't have any other from
the company.

(Signature)