

NATIONAL CENTRE FOR PHYSICS

Hosted Researchers

CLEARANCE CERTIFICATE (Temporary/Final)

1. Certification by Applicant Hosted Researcher (please tick the appropriate option):

Name:	, Designation:	Department:		
Reg. No	N	CP Entry Card No		
<u>Option-1</u> :	It is stated that I have to leave NCP on temporary basis to join back my parent department due to unavoidable circumstances on I, therefore, discontinue my On-Campus Research Work at NCP Department under supervision of w.e.f under supervision NCP w.e.f I shall rejoin NCP w.e.f I shall rejoin NCP w.e.f Campus and there is no claim of any description against me.			
Option-2:	It is stated that I,	, have finally completed my resear under supervision of, w.e.f	and will I have	

Signatures by Applicant Hosted Researcher: _

2. <u>Certification by Supervisor & Director/Head of Concerned Department</u>: Certified that there is nothing outstanding against the above-mentioned Hosted Researcher in the department. It is, therefore, he/she may be issued Clearance Certificate and Work Experience Certificate after due vetting by Finance Branch, Admin Branches and CAAD.

Recommended by Concerned Research Supervisor/ Group Head: _____

Endorsed by Concerned Director/HOD (NCP Complex):

3. <u>Certification by Concerned Departments at NCP</u>: It is certified that there are no pending claims/dues of any description against above mentioned applicant except those mentioned in the following Table:

	Remarks	Name &	Signature
Department/Section	• Cleared	Designation of Authorized Officer	of Authorized Officer
	• Not Cleared (mention items etc.)	Authorized Officer	Onicer
I.T Branch			
Mechanical Workshop			
Finance Branch			
Security Branch (Deposit of Vehicle Entry Pass)			
Administration:			
HR Branch			
Transport Section			
Telephone Exchange			
Store Branch			
Estate Branch (for Room charges, if any)			
CAAD:			
NCP Library (SI Branch) (Return of any issued books etc)			
A&IA Branch (Deposit of Entry Card)			

4. Endorsements:

GM Finance:		Director Admin:		
	(Signature with Date)		(Signature with Date)	-
Director CAAD:	AM / Manager/GM CAAD:			
	(Signature with Date)	0	(Signature with Date)	
	1 0			

JE CAAD (for record & necessary action w.r.t. issuance of Research Certificate for cleared cases):____