



m.CAP

MARIAN COLLEGE OF ARCHITECTURE & PLANNING

Kazhakuttom, Thiruvananthapuram 695 582

LIABILITY CLEARENCE FOR RELIEVING STAFF

Sl.No.	Particulars	
1.	Name of Staff	
2.	Designation & Dept.	
3.	Date of Joining	
4.	Proposed Date of Leaving	
Date _____ Signature of Staff _____		
<u>Head of the Departments are to certify the liability, if any, of the staff as on the date of production of this form.</u>		
5.	M.CAP Library	
6.	Assessment Records	
7.	H.O.D.	
8.	Hostel	
9.	Finance Officer	
10.	Administrative Officer	
11.	Principal	
12.	Bursar	
13.	Manager	