

Godawari Hospital Pvt. Ltd.
Urlabari, Morang
Staff Due Clearance

Joining Date:

Resign Date:

I hereby request you to approve the due clearance of

Mr./Mrs. /Dr.:

Resident of :

Employed Department :



S.No.	Departments	Department Chief Name & Signature
1	Pharmacy	
2	Laboratory	
3	Radiology	
4	Ward/EMR	
5	Counter	
6	Account	

- All fields must be approved for a due clearance