

Application form for Online Audit Clearance Certificate

Purpose :

Application Details

Name of Applicant :

Gender :

Citizenship ID card No :

Email Address :

Date of Birth :

Employee ID No :

Nationality :

Designation :

Position Level :

Past Service Details

Name of the Organization	Designation	From	To	Appointment Status	Place of Posting

I assure that the above details submitted are true to my best knowledge.

(Sign of the Applicant)

I hereby certify that he/she has neither any outstanding advances nor adverse record of service as of/...../.....in our records.

Signature
Head of the Division/Dept/Corporation/Agency

Remarks from Accounts Section, AFD: