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**EMPLOYEE HANDING OVER FORM**

This form must be completed by an employee exiting employment or on transfer and returned to Human Resource Division.

**DIV/UNIT/CENTRE/SUB-CENTRE……………………………………………………….**

**HANDING OVER OFFICER**

Name……………………………………………………………PNo……………………………

Designation……………………………...

**TAKING OVER OFFICER**

Name……………………………………

PNo. ……………………………………….

Designation …………………………….

|  |
| --- |
|  **Duties and responsibilities handed/taken over**: |
| **Activities pending:** |
| **Physical assets handed over:** |
| **Financial assets handed over** |
| **Other remarks by handing/taking over officer** |

Signature:……………………………..

Officer Handing over

Signature:……………………………..

Officer taking over

**Witnessed by:**

Name …………………………….PNo/ID.No……………….Designation…………………

Signature…………………………………………… Date:……………………………….

**SDD/DD/RD/OIC Remarks:**

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**Name**……………………………………………. **Sign**…………… **Date**……………………