



གསོ་བའི་ལྷན་ཁག་། འབྲུག་རྒྱལ་ཁབ་འབྲུག་གི་རྒྱུ་རྒྱུ་
Ministry of Health, Royal Government of Bhutan
Kawajangsa, Thimphu, Bhutan



MoH/HRD-18/

Date:

No Due Certificate Form

This is to certify that there is no outstanding bills, payments, and government property and office files of any kind with Divisions / Services of the Ministry of Health against the person mentioned below who has been superannuated/voluntarily resigned/compulsorily retired, transferred and granted EOL:

Name of Employee: _____

Employee ID: _____

Position Title & Position Level: _____

Name of Division, Department: _____

1. Handing-taking Note attached: Yes No: _____
Sign of Division/Department/Secretariat/Ministry
2. Government properties returned (list attached): Yes No _____
Sign of Procurement Officer, DoS
3. HSWS loan payment pending: Yes No: _____
Sign of HSWS Office Secretary
4. Any outstanding dues: Yes No: _____
Sign of CFO, Finance Division
5. Any pending Legal Case: Yes No: _____
Sign of Legal Officer, Legal Unit
6. Any training obligation: Yes No: _____
Sign of Focal HRO, HRD
7. Declared Vacation of Office: Yes No: _____
Sign of Asset Administrator, HRD
8. Minimum Service Obligations (Section 4.14.1, 7.16.1 of BCSR):
 - a) SSC and OC: 2 years: Yes No: _____
Sign of Focal HRO, HRD
 - b) PMC: 4 Years: Yes No: _____
Sign of Focal HRO, HRD



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Ministry of Health, Royal Government of Bhutan
Kawajangsa, Thimphu, Bhutan



Recommendation of Division/Department, MoH:

Name & Signature: _____

Approved by Secretary/Minister, MoH

Name & Signature: _____