

Date:

**Vice Chancellor
South Eastern University of Sri Lanka**

WRITTEN CONSENT TO DEDUCT THE DUES TO THE UNIVERSITY

I hereby authorize the South Eastern University of Sri Lanka to recover from my Universities Provident Fund/ETF/Gratuity/Pension Fund Accounts the following dues I owe to the University.

1. Three months / One month salary in lieu of notice
2. Additional payment with UPF & ETF
3. Library dues
4. Telephone charges
5. No – pay / Half- pay Leave
6. Departmental dues
7. Dues to the stores
8. Any dues to the Academic Establishment Division
9. Over payment of salaries
10. Any dues on violation of Bonds & Agreements
11. Any overdue loans

I certify that I have read the above contents and having understood the same place my signature herein.

Signature :
Name :
Designation :
Department :
Date :
Address :
.....
.....

In the presence of witnesses:

01.
(Signature)

Name :
Address:
.....
.....
.....

(ID / Passport No.)

02.
(Signature)

Name :
Address:
.....
.....
.....

(ID / Passport No.)