NOC REQUEST FORM

Instructions:

    i. Please provide the information requested below.

    Ii. Tick the relevant area in which NOC required.

    iii. Submit the completed form to the Registrar Office through proper channel.

1. Name: _____

2. Designation: _____

3. Department: _____

4. Employment Type: Permanent ☐ Contract ☐ Deputation ☐

5. Date of Joining: _____

6. Purpose for which NOC is required:

1	☐	Issuance of Passport.
2	☐	Admission in any University / Institution: Name of Program:_____ University/Institution:_____
3	☐	Attending Seminar/Conference: Venue:_____ From:_____ To:_____
4	☐	Applying for Visit Visa: Country:_____ From:_____ To:_____
5	☐	Applying for Job: Post:_____ Deptt/Organization:_____
6	☐	Performing Hajj ☐ Umrah ☐ Ziarat ☐
7	☐	Any Other purpose, Please mention: _____

_____   _____
    Date   Signature of the Applicant

7. **Head of Department:**

    Recommended ☐   Not Recommended ☐

Obsevations/Remarks:_____

_____

Name:_____ Signature:_____ Date_____

8. **Dean:**

    Recommended ☐   Not Recommended ☐

Obsevations/Remarks:_____

_____

Name:_____ Signature:_____ Date_____

9. **Registrar:**

    Recommended ☐   Not Recommended ☐

Remarks:_____

_____

Name:_____ Signature:_____ Date_____

10. **Decision of the Competent Authority:**

    Approved ☐   Not Approved ☐

Remarks:_____

_____

Name:_____ Signature:_____ Date_____