



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

Date

Signature of the Applicant

7. **Head of Department:**

Recommended Not Recommended

Obsevation/Remarks: _____

Name: _____ Signature: _____ Date _____

8. **Dean:**

Recommended Not Recommended

Obsevation/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 _____