**QUAID-I-AZAM UNIVERSITY**

***PROFORMA FOR APPLYING NOC***

|  |  |
| --- | --- |
| Name & Designation: |  |
| Department: |  |

**NOC details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Visit** | **Visit Abroad** | | **Applying for job** | |
| **In case of visit abroad** | | | |
| Purpose of visit: | |  | |
| Duration of visit : | |  | |
| Name of destination: | |  | |
| Nature of leave required: | |  | |
| **In case of Local Visit** | | | |
| Purpose of visit: | |  | |
| Duration of visit : | |  | |
| Name of destination: | |  | |
| Nature of leave required: | |  | |

**History:**

|  |  |  |
| --- | --- | --- |
| Number of visits | |  |
| Local |  | |
| Abroad |  | |

**Applying for Job**

|  |  |
| --- | --- |
| Name of Organization (attach advertisement) |  |
| Name of Position & BPS |  |
| No of NOCs issued during Current year |  |

|  |  |
| --- | --- |
| Any other |  |

I solemnly declare that the above mentioned details are accurate in all respects and requested to issue the NOC.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| ***Recommendations of Chairperson / Director / In-charge concerned*** |  |
| ***Recommendations of the Dean concerned*** |  |
| ***Recommendations of the Registrar*** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Vice-Chancellor***