**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***