|  |  |
| --- | --- |
| **MR. No.** |  |
| **Name of Employee** |  |
| **Father’s Name** |  |
| **Designation** |  |
| **Employee Status** | Civil / Institutional / MTI-Employee |
| **Date of Joining HMC** |  |
| **Department /Section/Unit:** |  |
| **Reason(s)** |  |
| **Signature of employee** |  |

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| **Remarks of Controlling Officer / Head of Department** |  |
| **Signature** |  |
| **Remarks of Manager HR / OSHR** |  |
| **Signature** |  |
| **Remarks of HD/MD** |  |
| **Signature** |  |

|  |  |
| --- | --- |
| **NOC should be issued***(Only to be filled by sanctioning authority)* | **Yes \_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_** |