

DEPARTMENTAL PERMISSION/ N.O.C. FROM APPOINTING AUTHORITY

NO: _____

Dated: _____

It is certified that Mr./Ms _____

Employed as _____

His/her job is Permanent/Temporary/Adhoc/Contract. His/her place of domicile as per record is

_____ District (Rural / Urban) _____

1. His/her Confidential Reports will be made available if required.
2. He/she will be relieved if selected.
3. His/her duties/job specialization are as follows:-

Signature _____

Dated: _____

Name _____

Stamp/Seal

Designation _____

Department/Organization _____

Tel: No. _____