The Islamia University of Bahawalpur, Pakistan
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. [ ] Issuance of Passport.

   2. [ ] Admission in any University / Institution:
      Name of Program: ________________________________________________
      University/Institution: ____________________________________________

   3. [ ] Attending Seminar/Conference:
      Venue: __________________________________________________________
      From: ____________ To: ____________

   4. [ ] Applying for Visit Visa:
      Country: _________________________________________________________
      From: ____________ To: ____________

   5. [ ] Applying for Job:
      Post: ____________________________________________________________
      Dept/Organization: ______________________________________________

   6. [ ] Performing Haj [ ] Umrah [ ] Ziarat [ ]

   7. [ ] Any Other purpose, Please mention: ________________________________

   Date ____________________________________________ Signature of the Applicant

7. Head of Department:
   Recommended [ ] Not Recommended [ ]
   Observations/Remarks: ________________________________________________

   Name: __________________________ Signature: ___________________________ Date __________

8. Dean:
   Recommended [ ] Not Recommended [ ]
   Observations/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 __________

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