INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad-500043

Requisition for issue of No Objection Certificate
Utilization of Research Laboratory

1	Employee ID	:	
2	Name of the Employee	:	
3	Designation	:	
4	Name of the Department	:	
5	Type of Leave	:	Academic Leave / On duty
6	Number of days required	:	
7	Duration of Use	:	From…………………..To…………....……
	Prefix / Suffix of holidays, if Any	:	Prefix ………....…….. Suffix…………..……..
8	Full details of Name of the Organization / Industry to visit	:	
9	Details of Research Laboratory / Centre facilities used during the visit period	:	
10	Attach necessary proof (if any)	:	
11	Number of days of academic leave / On duty last availed during the current year	:	

12 Class work adjustment:

Date	Period Number	Class, Branch and Section	Alternative Arrangement		Signature	Date of Compensation
			Emp. ID	Name		

Date:

Signature of the Applicant

Remarks of HOD: Accepted / Not Accepted

Comments if any: _____

Signature of HOD

Remarks of Dean of PMCS: Accepted / Not Accepted

Comments if any: _____

Signature of PMCS

Recommendation of the Principal: Sanctioned / Not Sanctioned.

PRINCIPAL