

Requisition for issue of No Objection Certificate Utilization of Research Laboratory

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					:			
Duration of Use					:	FromTo		
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:								
	Period	Class, Branch	Alternative A		rrangement			
Date	Number	and Section	Emp. ID		Name		Signature	Date of Compensation
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								
	Name Design Name Type of Numb Durati Prefix Full d Indust Attach Numb availe Class Date	Name of the Emp Designation Name of the Depa Type of Leave Number of days re Duration of Use Prefix / Suffix of Full details of Na Industry to visit Details of Resear used during the v Attach necessary Number of days of availed during the Class work adjust Class work adjust Date Period Number Class work adjust Ete:	Name of the Employee Designation Name of the Department Type of Leave Number of days required Duration of Use Prefix / Suffix of holidays, if Any Full details of Name of the Orgat Industry to visit Details of Research Laboratory / used during the visit period Attach necessary proof (if Number of days of academic leava availed during the current year Class work adjustment: Date Period Period Class, Branch and Section Image: Soft HOD: Accepted / Not Accept	Name of the Employee Designation Name of the Department Type of Leave Number of days required Duration of Use Prefix / Suffix of holidays, if Any Full details of Name of the Organization / Industry to visit Details of Research Laboratory / Centre facilitiused during the visit period Attach necessary proof (if any) Number of days of academic leave / On duty la availed during the current year Class work adjustment: Date Period Number and Section and Section Part Class, Branch and Section Imp. 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Recommendation of the Principal: Sanctioned / Not Sanctioned.