

**DEPARTMENTAL PERMISSION/NOC**

TO BE SUBMITTED BY THE CANDIDATES WHO ARE IN GOVT SERVICE

- a) Name \_\_\_\_\_
- b) Father's Name \_\_\_\_\_
- c) Post held presently \_\_\_\_\_
- d) Office/Department \_\_\_\_\_
- e) Post applied for \_\_\_\_\_

Signature of the Candidate

2. (This portion should be filled in by the Department)

- a) He/She has been employed in this Department as \_\_\_\_\_
- b) He/She holds this post in permanent / temporary, adhoc capacity Since \_\_\_\_\_
- c) The candidate's domicile as accepted by this Department and recorded in official record is District. \_\_\_\_\_.

**Note:**

- d) There is nothing on record of this Department which may render him ineligible for the post and that his/her record of service is satisfactory and no departmental proceedings are pending against the candidate.

(Signature)Head of Department

Stamp: \_\_\_\_\_