

No Objection Certificate (NOC) Form

Name:	EmployeeID:(CNIC)	Contact:
Designation:	Department/Section:	Date:
Regular Employee: Yes/No	U	nder bond or any other obligation: Yes/No
Purpose of NOC:		
Applying for Job at KUST	: Yes/No	
Applying for Job outside KUST	: Yes/No	
Applying for Conference and Vis	sa Passport : Yes/No	
Applying for Studies at KUST	: Yes/No	
Applying for Studies outside KU	ST : Yes/No	
(*in case of 'Yes' provide detail of the instruction):		
Reason for NOC:		
		Applicant's Signature
Recommendation of the Head of Department/Section:		
Signature of the Head of Department/Section		
Dean's Recommendation and Approval: Approval send to Deputy Registrar to issue NOC: Yes/No		
(in case of 'No' the reason must be given.)		
		Dean's signature with date:
Deputy Registrar: NOC issued da	ate:S	Signature of Deputy Registrar
Note: The case will only be referred to the Vice chancellor in case of any policy decision in required.		