

HAYATABAD MEDICAL COMPLEX, PESHAWAR



NOC FOR EXTERNAL EMPLOYMENT FOR HMC STAFF

1. Name of Applicant _____
2. Father's name _____
3. Designation _____
4. Date of Joining HMC _____
5. Department /section/unit: _____
6. Post applying for _____
7. Organization/Institute applying in _____

Signature of applicant _____

(MR ID) _____

Advertisement attached	Yes _____	No _____
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FOR OFFICIAL USE ONLY

8. Remarks of controlling officer / Head of Department _____
_____ Signature _____
9. Remarks of Senior Manager HR _____
_____ Signature _____
10. Remarks of Administrative Coordinator _____
_____ Signature _____

NOC should be issued (only to be filled by sanctioning authority)	Yes _____	No _____
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11. Remarks of Hospital/Medical Director (if applicable) _____
_____ Signature _____