

HAYATABAD MEDICAL COMPLEX, PESHAWAR



NOC FOR RETENTION / TRANSFER TO HMC

1. Name of Applicant _____
2. Father's name _____
3. Designation _____
4. Department /section/unit: _____
5. Post applying for _____
6. Signature of applicant _____ (Employee ID if any) _____

FOR OFFICIAL USE ONLY

7. Status of the post (Budgeted or Not) _____
8. No. of vacant posts available _____
9. Remarks of OSHR (if any) _____
Signature of OSHR _____

10. Remarks of Head of Department concerned _____
Signature _____

11. Remarks of Senior Manager HR _____
Signature _____

12. Remarks of Administrative Coordinator _____
Signature _____

**NOC should be issued
(only to be filled by sanctioning authority)**

Yes _____

No _____

13. Remarks of Hospital / Medical Director _____
Signature _____