|  |  |
| --- | --- |
| **MR. No.** |  |
| **Name of Employee** |  |
| **Father’s Name** |  |
| **Designation** |  |
| **Employee Status** | **Civil / Institutional / MTI-Employee** |
| **Date of Joining HMC** |  |
| **Department /Section/Unit:** |  |
| **Signature** |  |

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| --- |
| **FOR OFFICIAL USE ONLY** |
| **Remarks of Controlling Officer / Head of Department** |  |
| **Signature** |  |
| **Remarks of Superintendent HR** |  |
| **Signature** |  |