



MTI-HAYATABAD MEDICAL COMPLEX, PESHAWAR

NOC FOR EXTERNAL EMPLOYMENT

1. MR. No. _____
2. Name of Employee _____
3. Father's Name _____
4. Designation _____
5. Employee Status Civil / Institutional / Contract Employee / Daily Wager (select one)
6. Date of Joining HMC _____
7. Department /Section/Unit: _____
8. Post applying for _____
9. Organization applying in _____

Signature of Employee _____

Advertisement attached	Yes _____ No _____
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(FOR OFFICIAL USE ONLY)

10. Remarks of Controlling Officer / Head of Department _____

_____ Signature _____

11. Remarks of Superintendent HR _____

_____ Signature _____