

APPLICATION FORM FOR REQUESTING LETTER OF SERVICE CONFIRMATION

EPF No:

- 01. Name with initials: (Mr. /Ms.)
- 02. NIC No:

--	--	--	--	--	--	--	--	--	--
- 03. Present Post : 04. Date of first appointment:
- 04. Contact No : 06. Date of Birth:
- 05. Department/Faculty :
- 06. Reason for request :
- 07. To whom letter should be address :

Date : Signature :

Should be completed by Senior Assistant Registrar / Assistant Registrar of the Faculty.

No Pay LeaveYear	
.....Year	

Date : Name : Signature :
(Leave Clerk)

SAR/Establishments,
Recommended/Not recommended to issue letter of service confirmation to the above mentioned employee.

Date : Signature :
(Senior Assistant/ Assistant Registrar)

For Registrar's Office Use Only.

Registrar,

Recommended/Not recommended to issue letter of service confirmation to the above mentioned employee.

Date : Signature :
Senior Assistant Registrar -Establishments

Prepared & Issued	Date :	Signature :
Received	Date :	Signature :