

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. Section :
06. Reason for request :
07. To whom letter should be address :

Date :

Signature :

Should be completed by Head of the Department.

No Pay LeaveYear	
.....Year	

Date :

Name :

Signature :
(Leave Clerk)

SAR/Establishment,

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

Date :

Signature :
(Head of the Department)

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 :