



The University of Azad Jammu & Kashmir

Muzaffarabad Ph: 05822-960418 Fax: 05822-960437

For Office use only

Diary No: _____

Date: _____

NOC Application Form

FOR ADMISSION TO M.Phil. / Ph.D. PROGRAM

Name of Applicant: _____ Designation: _____

Department/ Institute/Section: _____

1. *Are you a permanent Faculty/employee?* *Yes / No*
2. *Do you fulfill the statutory requirement of 03 years regular service to apply for higher qualification as a permanent Faculty / Employee?*

Yes / No

If answer to the above question is “yes” then proceed further:

3. Date of regular appointment: **Year** _____ **Month** _____ **Day** _____

4. Length of regular service: **Year** _____ **Month** _____ **Day** _____

5. Program in which admission is sought: **M.Phil. / Ph.D.** _____

6. Nature of program: **Morning/Evening/Distance Learning** _____
(Attach Admission Advertisement)

7. Session _____ 6. Department/University _____

8. Have you applied for NOC before this?
Yes _____ No _____

If yes, then reply to the followings:

- a) Have you been given NOC? If so, then attach a copy of the letter from the Establishment-I or Establishment-II, University of Azad Jammu & Kashmir.
b) Have you got admission to the program for which you were given NOC? If so, then attach a copy of the admission letter along with the requirements for the degree.
c) If you have not obtained admission so far then mention the reasons.

9. Will you need study leave for the Program for which you are seeking NOC? If yes, mention exact duration of study leave required.

10. How much study leave have you availed so far? Also mention the last degree which you have got.

11. What will be the benefits to the University if you have given NOC or after completion of your degree program?

DECLARATION

I hereby solemnly declare that all the information given in this Application Form is true and correct to the best of my knowledge and belief. I will be responsible if any discrepancy has been identified in the information provided by me.

Date:

Signature of the applicant

TO BE FILLED BY THE CHAIRPERSON / HEAD OF DEPT: SECTION

(Only for eligible applicants) for onward submission to Registrar office.

[Please write the number of relevant category and tick the relevant for (iv)]

12. (i) Number of regular Faculty/ Employees.

Total _____

(ii) How many Faculty members/ Employees have been granted / issued NOC for M.Phil. or Ph.D. program?

No: _____

(iii) How many Faculty members/ Employees are on study leave for M.Phil. or Ph.D. program?

No: _____

(iv) Is the applicant eligible for NOC or study leave under 20% condition for the faculty members?

Yes / No

Is the applicant eligible for NOC or study leave under 2% condition for the Administrative/Non-teaching staff?

Yes / No

13. *Justification(s) for usefulness of the program: (use additional sheet if needed)*

14. *Requirement of substitute(s): Reasons: (use additional sheet if needed)*

Chairperson / Head of the Section

Dean

(Only for Teaching/administrative staff in the faculty)

TO BE FILLED BY THE ESTABLISHMENT SECTION

Date of regular appointment of the applicant _____ as
_____ in BPS _____ at the Department/Section
_____ currently working as _____ in
BPS _____.

Length of regular service: **Year** _____ **Month** _____ **Days** _____

The applicant fulfills / does not fulfill the requirement mentioned at Serial No. 1,2 and 12(iv)
hence is eligible / ineligible to apply for NOC and/or study leave.

Assistant Registrar Establishment-