Check List for Passport NOC

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| No. | Details | Remarks |
| 1 | Full Name(In Block Letters) |  |
| 2 | Designation with Department |  |
| 3 | Pay Scale with grade pay |  |
| 4 | Present Posting | Medical College |
| 5 | Working at present place since |  |
| 6 | Birth Date |  |
| 7 | Date of Retirement |  |
| 8 | Nationality |  |
| 9 | Details of Primary/Departmental/Criminal case/Inquiry pending/continue/proposed |  |
| 10 | Details of Government Dues/Recovery |  |
| 11 | Enclosures-3 recent Passport size photographs | Yes/NO |
| 12 | Detail of Head of Department/Concerned Police Clearance Certificate as per GAD’s Resolution dtd.5/6/2003 | Attached  Yes/No |
| 13 | Additional information |  |

Signature of Dean

Concerned Medical College