



Birla Institute of Technology & Science, Pilani
Hyderabad Campus
Faculty Affairs Division

BITS/HYD/ FAD/ NOC / 2025/ _____

Request for NOC/ Experience Letter / Bonafide Certificate / Others

Date: _____

To

The Associate Dean, FAD
BITS Pilani, Hyderabad Campus,
Hyderabad

Sub: Request for NOC / Experience Certificate / Bonafide Certificate / Others

Dear Sir / Ma'am,

Request you to issue the NOC / Experience Certificate / Bonafide Certificate / Others for the said purpose below:

Details:

Name of the Faculty member	
PSRN:	
Department	
Date of Joining in BITS	
Designation	
Applying for NOC / Experience Certificate / Bonafide Certificate / Others (if others, mention details)	



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Purpose for applying (Personal / Official) with details	
Duration of Visit (if applicable)	From ----- to -----
Type of remuneration (with details), if applicable	Fellowship / Honorarium / Salary / Other/ No remuneration
Address and contact details during the proposed assignment (if applicable)	
Please enclose supporting documents	
Specific Details to be included in the issued certificate	

Thanking you

Signature of Faculty: _____ Date: _____

Signature, HoD: _____

Signature, Associate Dean (FAD): _____

Approved/ Not Approved

Dean Administration

Note: Issuing the letter will take a minimum of 5 working days from the date of submission



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