



**“NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH  
GUWAHATI – 781 125  
(Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Govt. of India)**

**On Duty Application [FACULTY/STAFF]**

Name : .....

Designation : .....Code.....

Date	Time of Departure from Office	Time of Arrival at Office	Purpose

**Dean/HoD/Controlling Officer**

Signature of the Applicant

**Date**

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For Office use only

**Registrar**

**Director**



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