

CONFIRMATION**SERVICE -:**

NO	NAME, DESIGNATION, PLACE OF WORK & NID NUMBER	DATE OF APPOINTMENT OR ASSUMING DUTIES	DUE DATE TO COMPLETE ALL THE REQUIREMENTS FOR CONFIRMATION	DATE OF COMPLETION ALL THE REQUIREMENTS FOR CONFIRMATION	WHETHER PROBATION /ACTING PERIOD TO BE EXTEND, IF SO UNDER WHAT SECTION OF PROCEDURAL RULES/E.CODE	DURATION	IF SO REASONS	DATE OF CONFIRMATION RECOMMENDED	REMARKS

Above information are in Order. Therefore the confirmation of above officer/officers is/are recommended & submitted for approval please.

.....
 Secretary
 Ministry of
/...../2013