



NATIONAL CENTRE FOR PHYSICS

HOSTED RESEARCHERS

LATE SITTING PROFORMA

Important Note: (Please submit application before 1500 Hours for necessary action)

PART-I (To be Completed by Applicant/Concerned Dept):

1. Date of Application _____
2. Name of Hosted Researcher _____
3. Hosted Researcher ID/ Registration No. #: _____
4. CNIC _____
5. Reason for Late Sitting _____
6. Work Area During Late Sitting (Block / Lab. Numbers): _____
7. Contact No.: Lab. Phone # _____ Cell No. _____
8. Duration of Late Sitting: From _____ To _____
9. Residence Contact in case of Emergency: Name _____
Landline _____ Cell _____
10. Name of Attendant/Care Taker During late Sitting: _____
11. **Signature of Applicant / Date** _____
12. **Recommendation by Hosted Researcher's Supervisor** YES / NO
Name / Signatures of supervisor: _____
13. **Approval / Signature of Director Concerned** _____

PART-II (for official use): To be completed by NCP Security Branch

14. GM/ OC FSSU Security Branch: _____
15. Security Supervisor for info/n.a.: _____
16. Info at Main Reception Gate: _____