

**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 Oder. Therefore the confirmation of above officer/officers is/are recommended & submitted for approval please.

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