

**APPLICATION FOR DESTRUCTION OF
CONFIDENTIAL PAPERS (Faculties)**

- 1) Name of the Department: -
- 2) Name of the Faculty : -
- 3) Name and Designation of the Contact Person: -
.....
- 4) Contact No.: -
- 5) Details of the documents:

No.	Subject	Period covered	Weight (Kg) (Approximately)	Remarks

I certify that the above documents are valueless and recommended to dispose.

.....
Head of the Department with Official stamp

.....
Dean of the Faculty with Official stamp

Procedure stated under section 12.1 of chapter XX of University Establishment Code was followed.
Recommended to dispose confidential documents mentioned above. Further I nominate Mr./ Ms. who is a senior staff member of our Faculty to monitor the destruction of above documents.

.....
Assistant Registrar of the Faculty
with Official stamp

.....
Date

Senior Assistant Registrar / General Administration

Approved / Not Approved to dispose above Confidential Documents/ Papers.

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Registrar

Subject Clerk

For necessary action to make arrangements to dispose
The above documents, confidentially.

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Assistant Registrar/ General Administration

Date and time of Destruction:
Total Weight:
.....
Subject Clerk

<u>Report of the staff member of the department</u>	
I certify that above documents were destructed before me.	
.....	
Name	
.....	
Signature	Date

• **Confidential Documents**

- 1) Examination Answer Scripts
- 2) Decisions or Minutes of Council/ Senate/ Faculty Board etc.
- 3) Medical Reports of Employees/ Students etc.
- 4) Quoted Bidding Documents etc.
- 5) Photographs of Employees/ Students
- 6) Any other document containing confidential details.