

**APPLICATION FOR DESTRUCTION OF
CONFIDENTIAL PAPERS (Non-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.

Mr./ Ms. who is senior staff member of our division is nominated, to monitor the destruction of above Confidential Documents

.....
Head of the Division with Official stamp

.....
Date

Senior Assistant Registrar / General Administration

Approved / Not Approved, to dispose above mentioned documents.

.....
Registrar

.....
Date

Subject Clerk

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

.....

Senior Assistant Registrar/ General Administration

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

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

• **Confidential Document Include:**

- 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
- 5) Photographs of Employees/ Students etc.
- 6) Any other document containing confidential details