

**NATIONAL HIGHWAY AUTHORITY  
BIOMETRIC ATTENDANCE SYSTEM**

**OFFICIAL ASSIGNMENT FORM**

**ID.#.** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Father/Husband Name** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **BS:** \_\_\_\_\_ **Wing:** \_\_\_\_\_ **Section:** \_\_\_\_\_

<b>Nature of Appointment:</b>	Regular	Contract	Deputation	Daily Wage

<b>Head of Salary:</b>	1% Establishment	RMA	Project (Write Name of Project)

**Date From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Day(s)** \_\_\_\_\_

**Time From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **(Hours/ Minutes)** \_\_\_\_\_

**Description of Assignment:** \_\_\_\_\_

**Job Assigned by:** \_\_\_\_\_

**Signature of Employee** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Recommendation of Section Head:** \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Name** : \_\_\_\_\_

**Designation/BS** : \_\_\_\_\_

**Office Name** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Note:** "The Sectional Head of all Wings / Sections / Regions / Project Office / Maintenance Unit shall approve and forward copies of assigned job to HRMIS Section / concerned DD/AD (Admn) Region"