



Reference No.

Date: .....

**STAFF REQUISITION FORM**

Wing:.....

Department/ Divisions/ Units	Post	Number of posts approved	Existing number of staff	Additional staff requested	Employment (Contract/ Regular)	Qualification/ experiences requirement	Justification (attach separate sheet)
<b>Total</b>							

*Note: Please attach Job Description for each post.*

**Prepared by:**  
**(Concerned Department**  
**HR Focal Person)**

**Reviewed by:**  
**(HW)**

**Reviewed by:**  
**(HRAD)**

Signature:

Signature:

Signature:

Name:

Name:

Name:

Designation:

Designation:

Designation:

**Remarks of Managing Director, BPC:**