

To
The Registrar,
The Tripura State Medical Council,
Bidurkarta Chowmuhani,
Agartala.

Subject : - Prayer for issue of a "NO OBJECTION CERTIFICATE" to register my name
with other Medical Council.

Sir,

I, Dr. S/o, D/o
Resident of
having my Registration No. TSMC 00..... dated beg to inform you that
I am willing to register my name with Medical Council.

Therefore, I would request you to kindly issue me No Objection Certificate so as to
enable me to register my name with Medical Council.

And for this act of kindness, I shall be ever grateful.

Thanking you.

Yours faithfully

Reason for NOC :-

- Encl :- 1. Copy to Registration Certificate.
2. Two copy Passport size Photo.
3. Aadhar Card.

Date :

Address :

Phone No. :

D.D No. dated for Rs. 1000/- on UCO Bank of any branch.