

To  
The Registrar,  
The Tripura State Medical Council,  
Bidur Karta 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 .TSM.C..... 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 in anticipation.

Yours faithfully

Date:-