# **Rajasthan Para-medical Council, Jaipur**

# **Application Form - No Objection Certificate**

To,								
	The Registrar,							
	Rajasthan Para Medical Council,							
	Jaipur.							
	Sub : Application for issue No Objection Certificate.							
_								
1.	Name of the Applicant (In BLOCK letters)	:						
2.	Father's Name (in BLOCK letters)							
2.		·						
3.	Mother's Name (in BLOCK letters)	:						
4.	Gender	:						
5.	Date of Birth in figures			,	,			
5.	Date of Birth in ligures	•		/	/			
6.	Communication/Permanent Address	:						
	·							

Pincode :

#### 7. Mobile Number

#### 8. Registration Details

Sr. No.	Paramedical Profession	Registraioin No.	Issue Date	Valid Upto Date
1				

:

:

9. Reason to apply issue No Objection Certificate :

10. Details of fees :

#### Signature of Applicant with Name

### **DECLARATION**

I..... (Name) hereby declare that the above statements are true to the best of my knowledge and belief. I understand that issuing of No Objection Certificate from RPMC will lead to *striking off* of my name from the register of Para Medical Professional of RPMC.

Date:-

Place:-

Signature of Applicant with Name

# **Instructions for Filling No Objection Certificate Form**

 Applicant shall enclose a D.D. of Rs. 1000/- (for each Course) drawn in favor of Registrar, Rajasthan Para Medical Council, Jaipur.

## 2. No Objection Certificate fee will not be refunded for any reason.

- 3. The following documents should be enclosed with the duly filled application form in the order below
  - i. Demand-draft in favor of **Registrar, Rajasthan Para Medical Council, Jaipur**.
  - ii. Original Registration Certificate.
  - iii. Self Attested copy of Registration Certificate.
  - iv. Self Attested copy of any Identification Card with photo issued by Govt.