

APPLICATION FORMAT OF NOC FOR HOSPITAL TRAINING

To
The Principal
P.G.INSTITUTE OF MEDICAL SCIENCES
C.K.Town, Paschim Medinipur, Pin-721201

Sub : APPLY FOR NOC

Respected Sir

Please issue a NOC as I / We want to pursue HOSPITAL (**Please tick whichever is applicable**) Training which is entitled in our course curriculum. My / Our details are given below :

(Please fill all fields in Block / Capital Letters only)

SL	NAME	ROLL NO	COURSE	STREAM	SEM	DESIGNATION,CO'S NAME & ADDRESS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Duration / period of Training :	
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I / We assure you to abide by the rules & regulations of your Institute as well as the Institute/ Organization where I / We will take training. I/We declare that statement made above are true to the best of my/our knowledge.

I / We undertake that , I/ We will not claim any attendance relaxation for the above mentioned training if applicable.

Kindly do the needful & oblige me / us

Thanking You

Yours faithfully

Signature of the Applicant :

Name of Applicant (Capital Letters) :

Mobile. No :

Date :