FORM

Manipur Medical Council

Application form for No Objection Certificate

Receipt No .....

Date .....

(for office use)

Affix passport Size photograph attested

To

The Registrar,

Manipur Medical Council

Imphal

Subject :- *Request to issue **"No Objection Certificate"**.*

Sir,

I, the undersigned request to kindly to issue "NO OBJECTION CERTIFICATE" and my particulars are given below :

1. Name of the Applicant (in block letters) :
2. Manipur Medical Council Registration No. :
3. Father's/Husband's Name :
4. Gender :
5. Address
   a) Residential Address :
   b) Permanent Address
6. Telephone No. :

Yours faithfully,

Name :

(for office use only)

Received the above documents in original.

Signature of registered person .....

Name .....

Date .....

Instructions :

i) MBBS Degree Cetificate (xerox copy) with self attested.

iii) Manipur Medical Council permanent registration certificate (xerox copy) with Original Certificate.

iv) Three recent passport size photographs with name and signature at the backside.

v) Download the Bank Deposit Slip Rs. 2,000/- in favour of " The Manipur Medical Council", A/c.# 0652200100007106 Punjab and National Bank, RIMS, Imphal.

MMC Copy

Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

In favour of : **The Manipur Medical Council**

A/c # : **0652200100007106**

Sum of : Rs. 2000/- (Case only)

in words : Rupees two thousand only

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For **NOC** in Manipur Medical Council

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Applicant's detail :

Name : _____

Date of Birth : _____

Mobile No. : _____

Email : _____

Signature of depositor

Authorized Signatory & Seal

Personal Copy

Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

In favour of : **The Manipur Medical Council**

A/c # : **0652200100007106**

Sum of : Rs. 2000/- (Case only)

in words : Rupees two thousand only

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For **NOC** in Manipur Medical Council

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Applicant's detail :

Name : _____

Date of Birth : _____

Mobile No. : _____

Email : _____

Signature of depositor

Authorized Signatory & Seal

Bank Copy

Punjab National Bank

RIMS, Lamphel, Imphal

Date : _____

In favour of : **The Manipur Medical Council**

A/c # : **0652200100007106**

Sum of : Rs. 2000/- (Case only)

in words : Rupees two thousand only

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For **NOC** in Manipur Medical Council

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Applicant's detail :

Name : _____

Date of Birth : _____

Mobile No. : _____

Email : _____

Signature of depositor

Authorized Signatory & Seal

The Bank copy will be retained by the Bank, MMC copy to be submitted to the Manipur Medical Council, and personal copy to be kept with the Applicant