NO OBJECTION CERTIFICATE

This	is	to		certify		that
Sri/Smt		_H / o / W /	′o		_ wor	king
as		in			has	not
availed any	medical fa	acility s	ince his	/her joi	ning in	this
department	and he/sh	e has de	eclared	that he/	she will	l not
avail any	medical f	acility	to the	family	and	their
dependants	in future f	rom this	s depart	ment as	the san	ne is
recorded. A	s such the	ere is n	o object	ion to a	vail me	dical
facility from	n APTRAN	SCO wh	nere his	s/her h	usband,	wife 'wife
Sri/Smt			is	wor	king	as
			in	the	office	o f
	·					

Signature of Head of the Department with stamp