

Price ;- 100/-

CHHATTISGARH MEDICAL COUNCIL:RAIPUR

First Floor, Dr. Balmukund Sharma Clinic, Kankalipara, Near Nagar Nigam Ayurvedic Hospital, Raipur - 492001 (C.G.)

(APPLICATION FORM FOR ISSUING NOC FOR DOCTORS WHO ARE REGISTERED WITH CGMC)

To ,

**The Registrar
C.G. Medical Council, Raipur
0771-2543393**

Application No.

Date ;-

1- Name of Candidate -----

2- Father' Name -----

3- DOB -----

4- Present Postal Address -----

5- Contact No. - -----

6- Email Address -----

7- Qualification -----

8- CGMC Registration No. and Dated -----

9- Additional Qualification (if Any) -----

10- Name of State for Which NOC -----

is required -----

11- Fees details RS ----- DD No. & Dt- -----

Issuing Brach Name -----

12- Reason for NOC -----

Date ;-

Name and Signature of Candidate

Cont—02

Instruction

- 1- Application form must be filled in capital letters.
- 2- No changes will be permissible after Submitting application form
- 3- Once deposited prescribed fee of Rs 3100/- for NOC will not refundable .
- 4- Please fill your registered qualification details completely and correctly
- 5- Following Documents are required along with application ;-
 - (a) Copy of Registration Certificate (s) (II) One Photo
 - (b) DD of RS 3100/- in favour of Registrar Chhattisgarh Medical Council Raipur (C.G.)
 - (c) NOC of Service bond (if applicable) or if not applicable please Submit documents in support for MBBS & PG Qualification (only for Students passing out from Govt. Medical Colleges)
- 6- AADHAAR CARD COPY
- 7- NOC is Valid for 03 Month only date of ISSEUE
- In the Event of non Fulfillment of above information and instruction, NOC will not be issued by Chhattisgarh Medical Council, Raipur

Date ;-

Name and Signature of Candidate