

**APPLICATION FORMAT FOR NO OBJECTION CERTIFICATE TO OBTAIN
INDIAN PASSPORT**

To
The Director of Medical Education
Andhra Pradesh,
HYDERABAD.

Sir,

(THROUGH PROPER CHANNEL)

Sub:- Representation of _____ - Request for issue of NOC to obtain / renew
Indian Passport – Reg.

** *

I wish to submit that I intend to obtain / renew Indian Passport.

In this connection, I submit that I have joined into Govt. Service on _____
as _____ vide Orders Rc.No. _____ dated _____ of the -
_____ (copy enclosed) and my services were regularized with effect from
_____ vide orders of _____ dated _____ (copy enclosed) and
probation also declared (copy enclosed). At present, I am working as _____ at
_____ with effect from _____. As such, I am permanent Govt. Servant in
Medical & Health Department with effect from _____. I declare that I have not
applied for obtaining Indian Passport earlier for his purpose.

Hence, I request you to kindly issue me No Objection Certificate to enable me to
obtain / renew Indian Passport. I am enclosing my three (3) Passport size photos duly signed
its backside.

Yours faithfully,

Dated: _____.

(_____)

P.T.O

FOR ENCLOSURES TO BE ATTACHED TO THE APPLICATION.

**COPIES / DOCUMENTS TO SUBMIT FOR ISSUE OF NOC TO OBTAIN /
RENEW INDIAN PASSPORT.**

1. Attested Copy of first appointment order.
2. Attested Copy of regularization and declaration of probation in the initial cadre and
also in the present category.
3. No Charges pending certificate issued by the appointing authority.
4. No dues pending certificate issued by the DDO.
5. three (3) colour passport size photos of the applicant.
6. Service particulars of the applicant from the date of appointment to till date
Period & Place of working (attested by the forwarding authority)
7. Employee ID Number certified by the DDO
8. Attested copy of complete Passport if applying for renewal.
9. Attested copy of SSC or equivalent certificate

**APPLICATION FOR ISSUE OF NO OBJECTION CERTIFICATE TO VISIT
ABROAD ON SHORT TERM**

To
The Director of Medical Education
Andhra Pradesh,
HYDERABAD.

Sir,

(through proper channel)

Sub:- Representation of _____
_____ - Request for issue of NOC to visit _____ for a
period of _____ months from _____ to _____ to see my _____ -
Reg.

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I wish to submit that I intend to visit _____ for a period of _____ months ie., from -
-----to ----- to see my _____.

In this connection, I submit that I have joined into Govt. Service as _____ vide
Orders Rc.No. _____ dated _____ of the _____ (copy
enclosed) and my services were regularized with effect from _____ vide orders of
_____ dated _____ (copy enclosed) and probation also declared (copy enclosed).
At present, I am working as _____ at _____ with effect from _____.
As such, I am permanent Govt. Servant in Medical & Health Department with effect
from _____. I am also enclosing herewith the prescribed proforma duly filled in.

I have visited _____ for the period from _____ to _____ as per NOC accorded
vide _____ and reported back to duty within the prescribed period i.e on _____.

I have not visited abroad till date, and as such, I am declaring the same. If any found later that
I have visited abroad, I am liable for disciplinary action as per rules in force on the subject.

Hence, I request you to kindly issue me No Objection Certificate to enable me to visit
_____ for a period of _____ months to see my _____.

Yours faithfully,

Hyderabad

Dated: _____.

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The following copies/documents are required to be produced by the applicant/forwarding authority for issue of **NO OBJECTION CERTIFICATE to VISIT ABROAD.**

1. Prescribed Proforma duly filled in.
2. Attested Copy of first appointment order.
3. Attested Copy of regularization and declaration of probation in the initial cadre and also in the present category.
4. No Charges pending certificate issued by the appointing authority with stamp
5. No dues pending certificate issued by the DDO.with stamp
6. Attested Copy of Indian Passport (complete pages) along with the NOC issued by the authorities to obtain Indian Passport.
7. Service particulars of the applicant from the date of appointment to till date Period & place of working with district. with stamp
(attested by the forwarding authority)
8. A certificate from the immediate controlling officer to the effect that “there are no grounds to believe Dr./Sri /Smt. _____ could figure adversely on the security records of the Government.
9. Complete proposals **in duplicate** to be submitted to the Director of Public Health & Family Welfare, AP, Hyderabad.
10. **All the copies producing are to be attested by the Gazetted Officer.**