

# PUNJAB DENTAL COUNCIL

Medical Education Bhawan (3<sup>rd</sup> Floor), Sector-69, S.A.S.Nagar(Tel.0172-5197531)

Website: [www.punjabdentalcouncil.com](http://www.punjabdentalcouncil.com) Email: [punjabdentalcouncil@gmail.com](mailto:punjabdentalcouncil@gmail.com)

## APPLICATION FOR ISSUE OF NO OBJECTION CERTIFICATE (N.O.C.)

(To be filled in by the candidate)

To

The Registrar,  
Punjab Dental Council, S.A.S.Nagar.

Subject: Regarding issue of N.O.C. for \_\_\_\_\_(State) Dental Council).  
-0-0-0-

Sir,

I am registered with Punjab Dental Council, S.A.S.Nagar, Mohali, as per particulars given below. Kindly issue me N.O.C. for the \_\_\_\_\_ Dental Council. I am surrendering my original Registration Certificate and I-Card/ Smart-Card issued by you:-

- 1 Name of Doctor \_\_\_\_\_
- 2 Registration No. \_\_\_\_\_
- 3 Father's Name \_\_\_\_\_
- 4 Validity of Renewal \_\_\_\_\_
- 5 Permanent Address \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

Mailing Address: \_\_\_\_\_

Dated: \_\_\_\_\_

### Requirements:

1. Original Registration Certificate, issued by Punjab Dental Council.
2. Original I-Card / Smart-Card.
3. Fee of Rs.1000/- (+ Rs.50/- as Postal Charges), can be deposited in cash or Bank Draft favoring "Registrar Punjab Dental Council, Chandigarh".
4. Renewal of registration should be updated.
5. N.O.C. will be issued after 3 working days.

### ਕੇਵਲ ਦਫਤਰੀ ਵਰਤੋ ਲਈ (For Office Use Only)

ਸਾਰੇ ਕਾਗਜ਼ ਮੁਕੰਮਲ ਹਨ। ਪ੍ਰਵਾਨ ਹੋਵੇ ਤਾਂ ਐਨ.ਓ.ਸੀ. ਜਾਰੀ ਕਰ ਦਿੱਤੀ ਜਾਵੇ ਜੀ।

ਰਜਿਸਟਰਾਰ

ਸੁਪਰਡੈਂਟ