NO OBJECTION CERTIFICATE BY PRESENT EMPLOYER/ORGANIZATION (On Institute/Organization letter head)

The app	olicant Dr./Mr./M	rs./Ms			i	s bonafied	employee	of this	institute/
organiza	ition w.e.f				His/Her en	nployee cod	le is	at	present
he/she is holding the post of in Department/Section.									
This Institute/Organization has No Objection, if he/she applied for the post of									
Date									
Place									
Name									
Designation									
	Signature	of	the	Head	of	the	Institute/C	Organiza	tion
Seal									