

**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 -----  
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- 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 -----  
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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 1100/- 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 1100/- 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