## 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		Application No.
	C.G. Medical Council, R	aipur	Date ;-
	0771-2543393		Date,
1-	Name of Candidate		
2-	Father' Name		
3-	DOB		
4-	<b>Present Postal Address</b>		
5-	Contact No		
6-	<b>Email Address</b>		
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/DU No. & I	)t
		Issuing Brach Name	
	D 4 NO.5		
12-	Reason for NOC		

Date ;-

Name and Signature of Candidate

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- 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- NOC will be issued only one time for other state.
- 5- Please fill your registered qualification details completely and correctly
- 6- 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.)

The registration fee will be accepted through online payment (at e - Receipt for State Bank Collect Payment) submit hard copy of e-receipt / Bank draft OF STATE BANK OF INDIA and should be payable RAIPUR in favour of Registrar C.G. Medical Council, Raipur. (Note: Fees In Cash/Money order/postal order and cheque will not be accepted)

- (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)
- 7- AADHAAR CARD COPY
- 8- Degree Certificate.
- 9- NOC is Valid for 03 Month only date of ISSUE
- In the Event of non Fulfillment of above information and instruction, NOC will not be issued by Chhattisgarh Medical Council, Raipur

Date :	_	Name	and	Sig	gnature o	of (	Can	did	late