

**APPLICATION FORM FOR NO-OBJECTION CERTIFICATE**

From:

To:

The Registrar,  
A.P.Nurses and Midwives Council,  
Sultan Bazar, Hyderabad- 500 095

Sir,

Sub: Issue of No Objection Certificate – Requested - Regarding.

With reference to the subject cited, I have registered with your Council as a Staff Nurse Vide Registration No. Nurse:.....  
Midwife.....Date of Registration.....

Hence, I request you to kindly to issue No Objection Certificate to

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

I am herewith enclosing a D.D.No.....dated.....  
For Rs.....(Rupees.....)  
Towards fee for issue of NO OBJECTION CERTIFICATE.

Thanking you Sir,

Yours faithfully,

Hyderabad.

Date.....

(Signature of Applicant)