

B.D.S.

ISSUE OF NO OBJECTION CERTIFICATE FOR CRI TRANSFER FROM ONE RECOGNISED DENTAL COLLEGE TO ANOTHER RECOGNISED DENTAL COLLEGE

1. Name of the Student :
2. Register Number :
3. Name of the College to which the candidate belongs to :
4. Whether the College and the course is recognised by the Dental Council Of India and affiliated by the University (furnish details) :
5. Name of the College/University to which the transfer is sought for :
6. Whether the course/ College to which the transfer is sought for has been recognised by the DCI or by the University (furnish copy of letter) :
7. Whether the candidate has completed BDS degree Course, if so the details of passing the Examination(month and year) :
8. whether the candidate has received the Provisional Pass certificate from the University and if so the date of its Receipt and a Xerox copy of Provisional Certificate should be enclosed. :

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9. whether the candidate has registered his / her name in the concerned State of Dental Council provisionally and if so the details of registration along with xerox copy of State Council Registration Certificate should be enclosed. :

10. Whether the candidate is undergoing CRI when he/she has commenced his/her CRI training(furnish details) along with original Assessment of Internship duly issued by the concerned Head of the Department: :

11. Whether the candidate intend to do CRI for the whole one year or for the remaining period :

12. Total number of sanctioned strength for the current academic year :

13. Number of students for whom NOC has already been issued to do CRI (Is it less than 5%?) :

14. Reasons for transfer (supporting documents to be Furnished) :

15. Remarks of the Head of the Institution :

Date:

Seal:

Signature of the Head of
the Institution