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. : 

-2-
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: 
Signature of the Head of
Seal: the Institution