

Serial No..... (A)

Serial No..... (B)

NO OBJECTION CERTIFICATE FOR TRANSFER OF DENTAL STUDENTS FROM ONE COLLEGE TO ANOTHER

1. Name of the Student :
2. Register Number :
3. Course in which the student is studying :
4. College from which the Transfer is sought :
 - (a) Whether affiliated to the University
 - (b) Whether recognized by the Central Council(s)
 - (c) Sanctioned Strength in that year :
 - (d) Student already admitted by Transfer
5. College to which Transfer is sought :
 - (a) Whether affiliated to the University
 - (b) Whether recognized by the Central Council(s)
 - (c) Sanctioned Strength in that year :
 - (d) Student already admitted by Transfer
6. Session (Year of Registration) :
7. Number of students admitted during that academic year :
8. Number of students who have left the course in the college in that academic year :
9. Number of Vacancies :
10. Number of Students for whom No Objection Certificate is already issued :
11. Reasons for transfer
(If Medical reasons, original Medical Certificate should be enclosed) :

12. Whether all subjects have been cleared
in the first year (Produce Xerox copy of
mark statement) :

13. Remarks of the Head of Institution :

Date :

Seal :

**Signature of the
Head of the Institution**