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