MBBS

**ISSUE OF NO OBJECTION CERTIFICATE FOR CRRI TRANSFER FROM ONE RECOGNISED MEDICAL COLLEGE TO ANOTHER RECOGNISED MEDICAL 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 Medical 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 Medical Council of India or by the University (furnish copy of letter) : 

7. Whether the candidate has completed MBBS 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 :
9. Whether the candidate has registered his/her name in the Tamil Nadu Medical Council, Chennai in 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 CRRI when he/she has commenced his/her CRRI 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 CRRI for the whole one year or for the remaining period in MBBS course.

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

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

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


Date: __________________________ Signature of the Head of the Institution

Seal: __________________________