

NO OBJECTION CERTIFICATE

INSTRUCTIONS TO CANDIDATES

1) Application form must be filled by the applicant only

DOCUMENT'S TO BE SUBMITTED AT THE TIME OF REGISTRATION ARE AS FOLLOWS:-

All Original Certificates & Address proof taken in (A4 Size) Colour Xerox only

- 2) a) Take a **(A4 size)** colour printout and print the application form in a single side.
- b) Original Tamil Nadu Dental Council Registration Certificate has to be surrender herewith for Cancellation.
- c) Address proof - Aadhaar Card Colour Xerox.
- d) **If a Candidate cannot come in person** - They have to fill the Form duly signed and give separate authorization letter and mention his / her Name, Aadhaar number and copy of the same (A4 size) Colour Xerox to someone. ([Click here to download Authorization Letter format](#))

APPLYING FOR EXPIRED NO OBJECTION CERTIFICATE:-

- 3) a) Original Expired No Objection Certificate has to be surrender herewith for Cancellation at the time of registration.
- b) Hand written letter from Candidate's stating the reason for expiry of the No Objection Certificate - (Original written letter should be submitted at the time of registration). ([Click here to download Expired Letter format](#))

APPLYING FOR DUPLICATE NO OBJECTION CERTIFICATE:-

- 4) a) FIR for misplace Tamil Nadu Dental Council Registration Certificate also mention the registration number and other details.
- b) Original **Affidavit** from Notary Public for the duplicate No Objection certificate ([Click here to download Affidavit format](#))
- 4) Fee particulars:- **Rs.500/-** to be paid through NEFT / Google Pay / Phone pe.

PAYMENT DETAILS ARE GIVEN BELOW

Name : **Tamil Nadu Dental Council**

Bank Name : **State Bank of India**

Branch : **Koyambedu**

Account No. : **35204707928**

IFSC Code No. : **SBIN0009675**



TAMIL NADU DENTAL COUNCIL

Arihant Majestic Towers, Flat No.5-0-3, No.216, J N Salai, Koyambedu Chennai – 600 107.

APPLICATION FORM FOR OBTAINING A "NO OBJECTION CERTIFICATE"

**To
The Registrar
Tamil Nadu Dental Council
CHENNAI – 600 107.**

(FILL UP THE BELOW ALL DETAILS IN CAPITAL LETTERS. IT'S MANDATORY)

Sir / Madam,

I _____
hereby apply for the Transfer of registration, from the State Dentists
Register of Tamil Nadu Dental Council to the State Dentists Register
_____.

- 1) **Applicant Name** :
- 2) **Father's Name** :
- 3) **Date of Birth** :
- 4) **Gender** : **MALE / FEMALE**
- 5) **TNDC Registration No.** :
- 6) **BDS Date of Registration** :
- 7) **Residential Address** :-

Pincode :

District :

(2)

- 8) **Mobile No.** :
- a) **E-Mail ID** *(Fill in Capital letters)** :
- 9) **Qualification** : **BDS / MDS**
- 10) **Reason for Transfer of Registration** :
(Residing / working etc.)
- 11) **Online Payment Details:***
 - UPI/UTR Tran No. (&) Date** :
 - Bank Name (&) Branch** :

I hereby declare that I have read carefully and understood the instructions and that all entries made in this application are true to the best of my knowledge and belief.

Yours faithfully,

Date : **(Signature of the applicant)**

(Received my original No Objection Certificates)

Applicant Signature:.....

Applicant Name:.....

Mobile No.:.....

Date:.....