

ANNEXURE - III

NO OBJECTION CERTIFICATE

ENDORSEMENT BY THE EMPLOYER, IF THE APPLICANT IS IN SERVICE

No.....

Date.....

Forwarded to the REGISTRAR, Postgraduate Institute of Medical Education and Research, Chandigarh for consideration. The undersigned has no objection to Dr. _____ s/o _____ being considered by the Institute for the course applied for by him/her and if selected, he/she will be relieved within the prescribed time limit. The applicant is "sponsored /deputed or not sponsored /deputed by us and the sponsorship/deputation - certificate is enclosed.

Address: _____

(Signature of employer with official seal)