

INDIAN COUNCIL OF MEDICAL RESEARCH

APPLICATION FOR NO OBJECTION CERTIFICATE FOR PASSPORT

PROFORMA

1. Name of official with designation. _____
2. Education qualification: _____
3. Date of appointment in the grade/nitial _____
Appointment in ICMR: _____
4. Whether permanent? : _____
5. Country (S) to visit : _____
6. Probably expenditure likely to be incurred on _____
The proposed visit : _____
7. Who will finance the trip and documentary _____
Proof whereof : _____
8. Weather leave has been applied for, if so details _____
There of . if not specify : _____
9. A Duration of the proposed visit approx part of _____
The year when the visit is proposed: _____
10. Whether any foreign exchange would be _____
11. Involved, if so how it would be managed : _____
12. Nature of work being handle by the officer at _____
Present : _____

I undertake that while abroad I will not do anything against interest of the government of India and the Country and will bnot undertake nay job study or training etc. aboard. I also undertake that while on visit aboard, I will not resign from my present post without the permission of my parent office. I further undertake that w will not extend my leave without the prior permission of Govt. Of India/ Department and will intimate correct address in the foreign country.

Signature of the applicant
Designation