

Name :-

Designation :-

Address :-

Dt:- / /20

To,

The Additional Director,  
Medical Education and Research,  
Block No-04,  
Dr. Jivaraj Mehta Bhavan,  
Gandhinagar.

Sub:- Issue of "NO OBJECTION CERTIFICATE" for Passport purpose.

Rept. Sir,

I intend to go abroad as visitors/Immigrant, I request you to kindly issue to "NO OBJECTION CERTIFICATE" for the passport purpose. Necessary information is furnished Below:-

1. Full Name of the Officer :-
2. Date of Birth :-
3. Date of Joining on First Appointment in govt. service :-
4. Whether indenting to go by taking leave or by resigning :-
5. Date on which proposed to go and duration of stay :-
6. Name of place & country proposed to be visited :-
7. Permanent Residential Address in India :-
8. Residential address at abroad if any :-
9. Purpose of the journey :-
10. Whether He/She is a bonded candidate of public Service commission selected candidate :-

11. Whether Sponsored by any agency or how you Propose to meet the travel expenses :-
12. Whether confirmed or temporary :-
13. Whether applied for passport :-
14. Whether NO OBJECTION CERTIFICATE is a demanded by passport authority(Please quote No. & date of the letter of passport authority) :-

Yours Faithfully

(Signature of Applicant)

The above facts have been verified from the office records as well as from the other records submitted by the application & found correct. It is certified that No Douses No Departmental Inquiry is pending or proposed to be held against.

**Signature of the Head of the  
Institution with official  
Designation & stamp**

CERTIFICATE TO BE ATTACHED ALONGWITH APPLICATION FOR NO  
OBJECTION CERTIFICATE OF PASSPORT ACCORDING TO GAA  
RESOLUTION NO.NOC-1083-1213-G2,  
DATED-21-01-1986

*I certify that... ..*

- 1. There is no disciplinary proceeding are pending or contemplated against me.*
- 2. There is no vigilance case is pending or contemplate against me.*
- 3. There is no ground to be believe that I could figure adversely on the security records of the Government.*

*Date :-*

*Signature of Applicant :-*

*Place :-*

*Name :-*

*Designation :-*

**BEFORE ME**

*Signature & Seal Of  
Head Of Deptt.  
COLLEGE,*

*DEAN  
GOVERNMENT MEDICAL  
SURAT*

# UNDERTAKING

I, \_\_\_\_\_ Designation  
hereby do undertaking to pay up any amount that may be found recoverable from  
me immediately on receipt of the intimation from the authorities concerned.

Date:-

Signature :-

Place:-

Full Name :-

Designation :-

Permanent Residential Address:-

In the Presence of

1. Signature :-

Full Name :-

Designation :-

2. Signature :-

Full Name :-

Designation :-

They must be Gazetted Officer.

# UNDERTAKING

I hereby declare that while studying for B.D.S./M.B.B.S. Course, I have  
not received any Government Loan or Govt. Scholarship & I have not executed any  
bond to serve the Government for a specific period.

Place:- SURAT

Signature :-

Full Name :-

Designation :

# SURETY BOND

We, 1. \_\_\_\_\_ Of  
Village \_\_\_\_\_ Taluka \_\_\_\_\_ District \_\_\_\_\_ and  
2. \_\_\_\_\_ Of Village \_\_\_\_\_ Taluka  
District \_\_\_\_\_ hereby declare ourselves jointly and severally for  
Dr. \_\_\_\_\_ Designation \_\_\_\_\_ at

and guaranteed that he shall do and perform under the undertaking No.1 dated  
\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ between himself of the one part and  
Government of Gujarat at the other part and in case of his committing default  
therein we hereby agree to bind ourselves jointly and severally to pay to the  
Government such sum as shall be recoverable from him as Government dues. And  
we further agree that the Government may without prejudice to any other rights or  
remedies of the Government recover from the said sum as on arrear or land revenue  
under the provisions of the Bombay land revenue code 1879. And we lastly agree  
that any variation of the term of same undertaking will not discharge us from our  
liabilities to pay the said amount jointly and severally.

Date the _____ day of _____ 20	
In Presence of	Signed by above named
sureties	
(Name and Addresses)	(Name and Addressees)
1.	1.
2.	2.
(Signature)	(Signature Of sureties)1.
1.	
2.	2.

## UNDERTAKING DECLARATION:-

I hereby declare that I will resume my duties after expiry of my Leave,  
which I will take to go abroad in case I go on

Place: -

Full Name :-

Date: -

Designation :-

## UNDERTAKING DECLARATION:-

I hereby declare that I am not doing any kind of private practice during and after office hours.

Place :-

Full Name :-

Date :-

Designation :-