



# Jharkhand State Dental Council

G95,Old Building, Sadar Hospital, Purulia Road,Ranchi,Jharkhand-834001

## Application For No Objection Certificate

Passport size  
colour  
photograph

FILL IN THE CAPITAL LETTER :-

1. Name:.....
2. Father's / Husband's Name :.....
3. Mother's Name :.....
4. Residential address.....  
.....
- 5.Mobile no :.....
- 6.Email- Id.....
- 7.Aadhar card :.....
8. Pancard :.....
- 9.Year of Passing :.....
- 10.University Name :.....
11. Registration No :..... Registration valid Upto.....
12. Registration to be transfer in which state dental council .....  
.....

Palace.....

Date.....

Signature of Applicant