CHHATTISGARH MEDICAL COUNCIL:RAIPUR

First Floor, Dr. Balmukund Sharma Clinic, Kankalipara, Near Nagar Nigam Ayurvedic Hospital, Raipur - 492001 (C.G.)

(APPLICATION FORM FOR ISSUING NOC FOR DOCTORS WHO ARE REGISTERED WITH CGMC)

To ,

The Registrar

C.G. Medical Council, Raipur

0771-2543393

> Application No.
>
> Date ;-

1- **Name of Candidate** --

2- **Father' Name** --

3- **DOB** --

4- **Present Postal Address** --

5- **Contact No. -** --

6- **Email Address** --

7- **Qualification** --

8- **CGMC Registration No. and Dated** ---   -------------------------------

9- **Additional Qualification (if Any)** --

10- **Name of State for Which NOC** --

  is required --

11- **Fees details**   RS --------------------- DU No. & Dt- ---

  Issuing Brach Name ---

12- **Reason for NOC** --

Date ;-   **Name and Signature of Candidate**

<u>Cont—02</u>

Instruction

13- **Application form must be filled in CAPITAL letters.**

14- **No changes will be permissible after Submitting application form**

15- **Once deposited prescribed fee of Rs 3100/-(Three Thousand One Hundred) +18% GST for NOC will not be refundable .**

16- **Please fill your registered qualification details completely and correctly**

17- **Following Documents are required along with application ;-**

    (a) **Copy of Registration Certificate (s)**

    (b) **One Photo (with white background)**

    (c) **The Prescribed fee of Rs. 3658/- For NOC Certificate will be accepted only through a "Cross Check'' online payment (e - Receipt for State Bank Collect Payment) submit hard copy of e-receipt / Bank draft OF STATE BANK OF INDIA and should be payable at RAIPUR in favor of Registrar C.G. Medical Council Raipur. Fees in Cash /Money order /postal order/ Cheques will NOT be accepted.**

    (d) **NOC of Service bond (if applicable) or if not applicable please Submit documents in support of MBBS & PG Qualification (ONLY for Students passing out from Govt. Medical Colleges)**

    (e) **AADHAAR CARD COPY**

    (f) **NOC is Valid for 03 Month only from the date of issue.**

18- **In the Event of non Fulfillment of above information and instructions, NOC will NOT be issued by Chhattisgarh Medical Council, Raipur**

    Date ;-   **Name and Signature of Candidate**