

**NATIONAL INSTITUTE OF NUTRITION
(Indian Council of Medical Research)
Jamai-Osmania, HYDERABAD – 500 007**

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**(APPLICATION FOR NO OBJECTION CERTIFICATE FOR
OBTAINING PASSPORT / VISA / RENEWAL OF PASSPORT)**

PROFORMA

- 1. Name of Official with Designation :**
- 2. Educational Qualification :**
- 3. Date of appointment in the grade /
Initial appointment in ICMR**
- 4. Purpose of visit: if to meet relatives etc. :
the relationship with full address be
indicated**
- 4 (A). Whether Permanent :**
- 5. Country(s) to Visit :**
- 6. Probable expenditure likely to be incurred on
the proposed visit :**
- 7. Who will finance the trip and documentary
Proof whereof :**
- 8. Whether leave has been applied for, if so
Details thereof, if not specify :**
- 8 (A) Duration of the proposed visit: approx. part of
the year when the visit is proposed**
- 9. Whether any foreign exchange would be :
involved ,If so, how it would be managed.**
- 10. Nature of work being handled by the Officer :
at present**

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

PLACE :

Signature of the applicant

DATE :

Designation :

(TO BE FORWARDED TO THE NOC SANCTIONING AUTHORITY THROUGH PROPER CHANNEL)

- 11. No substitute in place of Sri/Smt/Dr._____ shall be provided in case he/she is granted leave / permission as requested above.**

Forwarding Authority/Divisional Head

- 12. The forwarding authorities may certify that : (I) No disciplinary/vigilance case is pending or contemplated against the above official. (II) There is no ground to believe that the applicant could figure adversely on the security records of the country and (III) State as to how the work of Sri/Smt/Dr._____ is proposed/expected to be handled in case the applicant is granted leave/permission as above.**

**Administrative Officer
for Director**