NATIONAL INSTITUTE OF MEDICAL STATISTICS (I.CM.R.) Ansari Nagar, New Delhi-110 029 (Application for No Objection Certificate for Passport)

PERFORMA

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	:
5.	Whether Permanent ?	:
6.	Country(s) to visit	:
7.	Probable expenditure like to be incurred on the Proposed visit	
8.	Who will finance the trip and documentary proof whereof	:
9.	Whether leave has been applied for if so details thereof, if not specify	:
10.4	A Duration of the proposed visit; approx. part of the year when the visit is proposed.	:
11.	Whether any foreign exchange would be involved. If so, how it would be managed.	
12.	Nature of work being handled by the Officer at present : :	
that pare	I undertake that while abroad I will not do anything a and the country and will not undertake any job, study while on visit abroad. I will not resign from my ent office. I further undertake that I will not extend to the indial of the indial	dy or training etc., abroad. I also undertake present post without the permission of my d my leave without the prior permission of
Dla		Signature of the applicant Designation
Place Dat		THORITY THROUGH PROPER CHANNEL)
	(No substitute in place of Sh./Smt./Dris granted leave/permission as requested above.)	shall be provided in case he/she
13.	13. 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 Sh./Smt./Dr proposed/expected to be handled in case the applicant is granted leave/permission as above.	

Forwarding Authority/Divisional Head