

Government of West Bengal,
Department of Health & Family Welfare

PROFORMA FOR APPLICATION FOR ISSUE OF NO OBJECTION CERTIFICATE FOR PASSPORT

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Father's Name	
3	Husband's Name (If applicable)	
4	Service of the the Officer/ Department	
5	Designation	
6	Employee ID	
7	Office to which attached (Full office Address & PIN Code) & Contact Number	
8	Present Scale/ Level of Pay in Pay Matrix	
9	Present Basic Pay	Rs.
10	Date of Joining in the service (PSC/Adhoc) (DD-MM-YYYY)	
11	If Adhoc, then date of Regularisation (DD-MM-YYYY)	
12	Date of Confirmation of service (DD-MM-YYYY)	
13	Name of the Country (s) to be visited	
14	Purpose of Visit	
15	Expected period of the visit with dates	
16	Full Address of the communication on abroad	
17	Bearer of expense of visit	
18	Date of joining at present place of posting (DD/MM/YYYY)	
19	Memo No. & Date of order for posting at present place	Memo No. Date
20	Whether any Criminal Proceeding in respect of an offence alleged to have been committed by the applicant is pending before any Court of India (If yes, details of)	
21	Whether any Departmental Proceeding pending for completion (If yes, details of)	
22	Whether any Vigilance Case pending for completion: (If yes, details of)	
23	Whether Assets Declaration for Last 03 (Three) years has been submitted (If yes, Photocopy of receipt of submission of the same to be attached)	
24	No. of the Identity Card issued by the Department of Health & Family Welfare	
25	I do hereby declare that I will not take any kind of Training, Financial assignment or accept any sorts of asssdistance during period of stay abroad and all the statements made above are true to my knowledge and belief	

Full Signature of Applicant with date

26	Certified that above information have been verified from Service Book and office record of the incumbent concerned and found correct
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Signature of the Head of the Office (HOO) with seal