

NO OBJECTION CERTIFICATE

This is to certify that
Sri/Smt_____H/o/W/o_____ working
as _____ in _____ has not
availed any medical facility since his/her joining in this
department and he/she has declared that he/she will not
avail any medical facility to the family and their
dependants in future from this department as the same is
recorded. As such there is no objection to avail medical
facility from APTRANSCO where his/her husband/wife
Sri/Smt_____ is working as
_____ in the office of
_____.

**Signature of Head of the Department
with stamp**