**TAMIL NADU HOMOEOPATHY MEDICAL COUNCIL, CHENNAI**

Arignar Anna Govt. Hospital Campus, Arumbakkam, Chennai – 106

From

(Name, Address with Mob.No.)

To

The Registrar,

Tamil Nadu Homoeopathy Medical Council,

Arumbakkam,

Chennai -106.

Sir,

Sub: No-objection certificate and cancellation – Requested.

-00-

I have completed my B.H.M.S. degree course from …………………………………………… College ………………………….. and I have registered myself in Tamil Nadu Homoeopathy Medical Council, Chennai – 106 with registration No. …………… dated ………………… I want to register myself in ……………………………………………………………………………………………… I am therefore to request you to kindly issue no – objection certificate and cancellation. I enclose the following for the same.

Thanking you,

Yours faithfully,

Enclosures:

Original Registration Certificate &

ID Card issued by this council,

Aadhar Card Copy

D.D. for Rs.1,000/- (or) online payment by

A/c No.10144208864

IFSC Code-SBIN0006495

Date:

Place: