

**APPLICATION REQUESTING NO OBJECTION CERTIFICATE FOR APPLYING FOR  
PROVISIONAL REGISTRATION WITH OTHER STATE COUNCILS IN RESPECT OF  
FOREIGN MEDICAL GRADUATES**

1. Name :
2. Address :
3. Application Id :
4. Date of submitting hardcopy for :  
Provisional Registration  
in Kerala State Medical Council
5. Whether Provisional registration :  
has been received; if so  
Quote Provisional registration  
Number issued from this Council
6. Reason for applying for NOC :
7. To Which Council NOC is required :

**DECLARATION**

I understand that by receiving the NOC from this Medical Council for applying for provisional registration for Medical Internship with other State Medical Council, My Provisional registration application pending with Kerala State Medical Council will not be processed further until requested in writing by me with a Non Utilization Certificate of the NOC from the respective State Medical Council.

Date:

Applicant's Signature & Name