Med G-bl	Additional Director ical Education & Research center ock, civil hospital dhinagar-382012	
	Sub: Issue of NO OBJEC	TION CERTIFICATE for Passport Purpose.
Resp	pected Sit,	
Obje	•	lative, I request you to kindly issue me No . Necessary information is furnished below.
1	Full name	
2	Date of birth	
3	Date of Appointment	
4	Residential Address Present	
	permanent	
5	Whether intending to go by taking leave or resignation	
6	Date on which proposed to be visited	
7	Name of the place and duration of stay	
8	Permanent residential address in India	
9	Residential address at abroad If any	
10	Purpose of journey	

SERVICE BOOK NO:

Date: - / /20 .

To,

	demanded by passport authority(Please quote No. and date of latter of passport authority)	
		Yours faithfully
Sign	nature of applicant	
App	olication full name	
	-:	CERTIFICATE:-
	This is to certify that the	he above information of Mr. /Mrs. /Kum
		

SERVICE BOOK NO:

Place: Ahmedabad Date: - / /20

-: UNDERTAKING:-

1	т	here by	
	do under take to pay any amount that be found recoverable from me immediately on		
	receipt of the intimation from the authorities concerned.		
2	_		
	Ihv declare that I have not year	here eived Government loan and there is no any Government due	
	outstanding against me.		
3	outstanding against mot		
	I	here	
	by declare that I have not sign security risk of any one.	ned security bond on behalf on any one and that I am not at	
4	I	here	
	by declare that I have not acc	cented any bond to serve the Government of Gujarat for	
5	Specified period.		
	I	here	
		India after expiry of my sanctioned leave.	
Date			
Sign	nature of applicant		
Appl	lication full name		
The	above undertaking by signed in	n the present of following to gazetted officer.	
Full	Name and Designation	Signature with office seal	
(1)			
(2)			
\ - /			

GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS CPV DIVISION, DELHI ANNEXURE'I' AFFIDAVIT

(To be executed on appropriate non-judicial stamp paper and attested by a Notary public)

(One original and self -attested photocopy) Son of _residing **I**, name _____ Birth______being an applicant for issue of passport Date of does here by Solemnly affirm and state as follows: 1. That the names of my parents and spouse are as follows: **(I**) **Father** Mother (II)(III) Wife/Husband That I am continuously resident at the above mentioned address 2. From That I am citizen of India by birth/descent/registration/naturalization and that I have neither acquired the citizenship of another country nor have surrendered or been terminated/deprived of my citizenship of India. 4. That I have not, at any time during the period of five years immediately preceding the date of this affidavit, been convicted by any court in India for any offence involving moral turpitude and sentenced in respect thereof to imprisonment for not less than two years; 5. That no proceedings in respect of any criminal offence alleged to have been committed by me are pending before any criminal court in India; That no warrant or summons for my appearance, and no warrant for my arrest, has been issued by a court under any law for the time being in force, and that my departure from India has not been prohibited by order of any such court; That I have never been repatriated from abroad back to India at the expense of

Government of India, but reimbursed expenditure incurred in connection with such repatriation.

8. That I will not engage outside India in activities prejudicial to the sovereignty and

Government of India/I was repatriated from abroad back to India at the expense of

- integrity of India.
- 9. That my departure from India will not be detrimental to the security of India.
- 10. That my presence outside India will not prejudice the friendly relations of India with any foreign country.

DEPONENT

VERIFICATION

Verified on.... (date) at (Place) that the contents of the above mentioned affidavit are true and correct and nothing material has been concealed.

DEPONENT

GOVERNMENT OF INDIA MINISTRY OF EXTERNAL AFFAIRS C PV DIVISION, DELHI

ANNEXURE 'B'

ALL CENTRAL GOVERNMENT EMPLOYEES STATE GOVERNMENT EMPLOYEES, EMPLOYEES OF STATUTORY BODIES AND PUBLIC SECTOR UNDERTAKINGS ANDTHEIR DEPENDENT FAMILY MEMBERS ARE REQUIRED TO PRODUCE AN IDENTITY CERTIFICATE (STRIKE OUT PORTION NOT APPLICABLE)

(To be given in Duplicate on Original Stationery)

Certified that	t SHRI/SHR	IMATI/KUM				
		is a temporary/permanent				
employee of	this	B.J.Medical College, Ahmedabad				
fromt	0	and is at presents holding the post				
		Shri /Smt. /Miss				
/Mst	is/ar	e a dependent family member(s) of				
		and his/her identity is certified. This				
Ministry/Departmen	on has no objection to his/her acquiring Indian					
Passport. The undersigned is duly authorized to sign this Identity Certif						
have read the provisions of Section 6(2) of the Passports Act, 1967 and certify						
these are not attrac	ted in case of	this applicant. I recommend issue of an Indian				
Passport to him/he	r. It is certif	ied that this organization is a central / State				
-		ndertaking / statutory body. The Identity Card				
Number		of				
Shri/Smt.Dr		is				
Ref.No.No:Class-I/	/20	Name, Designation, address				
Office of the Dean,						
B.J.Medical College Ahmedabad,	•	Dean				
Date:		B.J.Medical College,				
No.		Ahmedabad				

Applicants
Photo to be
Attested by
Certifying
Authority

-:બાઢેંધરી ખત:-

	અમો નીચે સહી કરનાર શ્રી / ડો		
હોદ્દો	ની પરદેશ જવા	માટે "ન	ા વાંધા પ્રમાણપત્ર" ની અરજીમાં સ્ચોરિટી
ર્બોન્ડ ૧	પર જામીનગીરી આપેલ છે.જે અંગે અમે આર્થ	ો સરકા	ર શ્રીને લેખિતમાં બાહેંધરી આપીએ છીએ
}		હોદ્યો	પરદેશ
ગયા બ	માદ જે <mark>નિયત સમય દરમ્યાન તેમની ફરજ</mark>	પર ન	.િઢ આવે તો તેઓનું ભારત ખાતેનું કાયર્મ
સરનામ્	મું તથા પરદેશના રફેણાકના સરનામાની વિગ	તો સર	કારશ્રી માંગે ત્યારે પૂરી પાડવા બંધાયેલ છે.
અને		હોદ્યો	ના રફેણાકની
સ્થળની	ી માહિતી પૂરી પાડવામાં જો અમો સક્ષમ ન વ	મનીએ 🤅	કે પુરી ન પાડીએ ત્યાં સુધી અમારાપગાર
અને ભ	ાથ્થા અટકાવવા સરકારશ્રીને અમે આથી લેખિ	ત સહ્ય	ાતી આપીએ છીએ .
તારીખ	.:-	બાહેંધઃ	રી આપનાર અધિકારીઓની સહી
۹.	નામ:-		નામ:-
	હોદ્યો:-		હોદ્દો:-
	ભાવા:-		હાલા:-
	સ્થાનિક સરનામું:-		સ્થાનિક સરનામું:-
	0 .		0 .
	કાયમી સરનામું :-		કાયમી સરનામું :-
٤.	નામ:-	٤.	નામ:-
	હોદ્યો:-		હોદ્યો:-
	સ્થાનિક સરનામું:-		સ્થાનિક સરનામું:-
			_
	ยอป มวสเบ่		ലവി വാഷവ്.₋

-: SURITYBOND :-

/illage Taluka District and here by declare ourselves jointly and severally for are guarantee she / He Shall do and perform under the undertaking Note lated. / /20 between himself / herself of the one part and Government of Gujarat the other and incase of his commuting defautherein. And we further agree that government without prejudice any other right or remedies of the Government recover from the same as arrear or land revenue under the provisions of the pay amount ointly and severally. Place: Ahmedabad. Signature of applicant	We (1)			of
Taluka				- C
guarantee she / He Shall do and perform under the undertaking No lated. / /20 between himself / herself of the one part at Government of Gujarat the other and incase of his commuting defautherein. And we further agree that government without prejudice my other right or remedies of the Government recover from the salum as arrear or land revenue under the provisions of the pay amout ointly and severally. Place: Ahmedabad. Signature of applicant Signature of Surety 1)				
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Government of Gujarat the other and incase of his commuting defautherein. And we further agree that government without prejudice any other right or remedies of the Government recover from the saum as arrear or land revenue under the provisions of the pay amount ointly and severally. Place: Ahmedabad. Place: Ahmedabad. Signature of applicant Signature of Surety 1)	guarantee she	/ He Shall do and po	erform under the und	ertaking No.
herein. And we further agree that government without prejudice my other right or remedies of the Government recover from the sa um as arrear or land revenue under the provisions of the pay amou ointly and severally. Place: Ahmedabad. Signature of applicant Date: / /20 Signature of Surety 1)	dated. /	/20 between himse	elf / herself of the	one part an
my other right or remedies of the Government recover from the same as arrear or land revenue under the provisions of the pay amount ointly and severally. Place: Ahmedabad. Place: Ahmedabad. Signature of applicant Signature of Surety 1) 2) Signature of Surety Signature by above in present of two gazette officers. Signature with official Seconds of Surety 1) Signature with official Seconds of Surety 1) Signature with official Seconds of Surety 1) Signature with official Seconds of Surety	Government of	Gujarat the other	and incase of his com	muting defau
um as arrear or land revenue under the provisions of the pay amou ointly and severally. Place: Ahmedabad. Signature of applicant Signature of Surety 1) 2) Signature by above in present of two gazette officers. Name and Designation of gazetted officers. Signature with official Seattle.	therein. And v	we further agree th	at government without	prejudice 1
ointly and severally. Place: Ahmedabad. Signature of applicant Signature of Surety 1) 2) Signature by above in present of two gazette officers. Name and Designation of gazetted officers. Signature with official Seconds of the second of the seconds of the second of t	any other right	t or remedies of the	e Government recover	from the sai
Place: Ahmedabad. Signature of applicant Signature of Surety	sum as arrear	or land revenue und	ler the provisions of th	e pay amour
Date: / /20 Signature of Surety 1)	jointly and sever	ally.		
Date: / /20 Signature of Surety 1)				
1)	Place: Ahmedaba	ad.	Signature of appli	cant
2)	Date: /	/20	Signature of Suret	y
2)	(1)			
Signature by above in present of two gazette officers. Name and Designation of gazetted officers. Signature with official Seattle statement of two gazette officers. Signature with official Seattle statement of two gazette officers.	(1)			
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2)			Signature w	ith official Sea
2)				
2)				
2)	(1)			
2)				
	(2)			