To,

The Assistant Director (Attestation),

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Ministry of National Health Services

Regulations and Coordination,

3rd Floor Kohsar Block,

Islamabad.

Subject: - APPLICATION FORM FOR NO OBJECTION CERTIFICATE FOR NURSES TO PROCEED ABORAD.

I, MR./Mrs./Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/O D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied for grant of No Objection Certificate (NOC) to proceed abroad for employment as \_\_\_\_\_\_\_\_\_\_\_\_\_\_. My particulars are as under:

1. Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Marital Status (Husband Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Birth / Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. PNC valid Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Valid upto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. C.N.I.C.No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Issued on: \_\_\_\_\_\_\_\_\_\_\_\_At:\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Name of sponsoring Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Country of Visa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For the period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Previous Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Presently working at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NOC from concerned Department / Organization)

13. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Copies of all attached documents are attested / verified by Notary Public/Gazetted Officer affixing his stamp with name and phone No**.

**3. The above mentioned information / documents are correct / true and nothing has been concealed there-from.**

Dated: \_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signature of the applicant

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A. Certificate from class-1 Officer to the effect that she / he is not serving anywhere in the Govt. /Semi Government or any other organization in Pakistan at present in the category of nursing staff, if she / he claims so.

B. Attested copies of the following:

1. I.D Card.
2. Passport.
3. Matriculation Certificates duly verified from respective Board.
4. Diplomas duly verified from respective Board(s).
5. Registration Pakistan Nursing Council (Three copies).
6. NOC from concerned Institution.(No Dues, No Objection Certificate)
7. NOC from present employer. (No Dues, No Objection Certificate).
8. NOC from provincial Health Department.
9. Appointment letter.
10. Letter from recruiting agency with recent photograph pasted and duly stamped by the Agent / Agency.
11. Three Passport size photographs.

C. In case of higher studies abroad, a copy of admission certificate and a copy of Certificate of some background recommendations from a classified specialist of the subject are required.

D. In case of joining husband, a copy of Nikah Nama and certificate from his employer.

E. In case he/she above 48 years of age certificate of proof to this.

N.B

1. Incomplete application will not be accepted.
2. NOC will be issued to the applicant by the Section, M/O National Health Services, Regulations and Coordination, Islamabad after 15 days after verification by the Pakistan Nursing Council, Islamabad.

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Specimen of Affidavit for Nurses for NOC Stamp Paper of Rs 20/-

AFFIDAVIT

I, Miss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/o\_\_\_\_\_\_\_\_\_\_\_\_\_ resident of \_\_\_\_\_\_\_\_\_\_, holding CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby solemnly affirm and declare as under:-

1. This affidavit for obtaining the NOC for \_\_\_\_\_\_\_\_\_\_d/o, s/o \_\_\_\_\_\_from Ministry of National Regulations and Services, Islamabad.
2. That I am the citizen of Pakistani by birth and applying the above NOC.
3. That now I am presently not a government and or semi government employee.
4. That I have been offered a job at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

That the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

Dated:\_\_\_\_\_\_\_\_\_

Place\_\_\_\_\_\_\_\_\_

DEPONENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No.\_\_\_\_\_\_\_