



STUDENT'S REQUISITION FOR NO OBJECTION CERTIFICATE TO PURSUE ELECTIVES

[APPLICABLE FOR BDS YEAR III/IV STUDENTS; MANDATORY REQUIREMENT: 4 WEEKS]

Date: ___/___/20___

To
The DEAN-RAKCODS

Dear Sir,

I Mr. / Ms. _____, _____ National,
holding passport no. _____ registered in the academic year 20___, hereby
kindly request you issue me a No Objection Certificate in Arabic/ English for
pursuing electives as mentioned below:

NOC to be addressed to **Head of the Institution/To Whomsoever It May Concern**

Write the address of the hospital/health institution:

Intended to do electives in the Department/s of _____

Intended period of electives [From _____ to _____]

Signature of student

College ID No.:

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Mobile No.:

0	5								
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Note for student:

To submit the [original] 'Completion Certificate' issued by the hospital/health institution addressed to the Dean-RAKCOMS towards authentication of completion of electives.

FOR OFFICE USE

Executive Assistant, RAKCODS to process the request.

**DEAN
RAKCODS**