



STUDENT'S REQUISITION FOR NO OBJECTION CERTIFICATE FOR OBSERVERSHIP

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 'Observership' as mentioned below:

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

Write the address of the hospital/health institution:

Intended to do Observership in the Department of _____

Intended period of electives [From _____ to _____]

Signature of student

College ID No.:

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Mobile No.:

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FOR OFFICE USE

Executive Assistant, RAKCODS to process the request.

**DEAN
RAKCODS**