

From  
Candidate Name  
Residential Address  
Pin code  
District  
Mob No

To  
The Registrar  
Tamil Nadu Dental Council  
Chennai – 600 107.

Respected Sir/Madam,

Sub: Authorization letter to collect my **NO OBJECTION CERTIFICATE** original certificate - Reg.

I, **Candidate Name** (TNDC Regn. No.\_\_\_\_\_) hereby authorize Mr/Ms/Mrs **Name** his/her Aadhaar No.\_\_\_\_\_ (to submit aadhaar colour xerox copy) to collect the following documents in my absence as I am unable to come in person due to **Mention here Reason** unforeseen circumstances. The list of the documents attached for the issuance of above said original certificate are detailed below :-

1. **Colour Printout - No Objection Certificate** Application form.
2. **Original - Tamil Nadu Dental Council** Registration Certificate.
3. **Aadhar Colour Xerox** of authorize person.

I have no objection in Mr/Ms/Mrs \_\_\_\_\_ signing the required authorized letter in my absence and his/her can collect the original **NO OBJECTION CERTIFICATE** from the Tamil Nadu Dental Council office.

Thanking you

Place :

Yours Sincerely,

Date :

**Specimen signature of (authorize person Name)**

(Candidate Signature)  
(Candidate Name)

Name :

Signature :

**Candidate Attested above Signature**

Name :

Signature :