APPLICATION FORM FOR OBTAINING NO OBJECTION CERTIFICATE
SIKKIM FIRE & EMERGENCY SERVICE, GOVT. OF SIKKIM, GANGTOK

(PLEASE FILL THE FORM IN BLOCK LETTERS)

TO,

THE DIRECTOR,
SIKKIM FIRE & EMERGENCY SERVICE,
GOVT. OF SIKKIM,
GANGTOK – 737 101

SUB: REQUEST FOR ISSUANCE OF NO OBJECTION CERTIFICATE

DETAILS OF THE APPLICANT

NAME OF THE APPLICANT:

S/O|D/O|W/O:

ADDRESS OF THE APPLICANT:

DETAILS OF THE CO-APPLICANT (IF ANY)

NAME OF THE CO-APPLICANT:

S/O|D/O|W/O:

ADDRESS OF THE CO-APPLICANT:

NOC APPLIED FOR THE PURPOSE OF: ……..

ADDRESS OF THE PREMISES:

DOCUMENT ENCLOSED: 1. ……..

2. ……..

DATE: ……../2014

PLACE: ……..

SIGNATURE: …….
(*APPLICANT*)

SIGNATURE: …….
(*CO-APPLICANT*)

(PLEASE DO NOT FILL - FOR OFFICE USE ONLY)

BANK RECEIPT No. …….. DATE OF BANK RECEIPT: ……..

NOC ISSUED ON DATE: …….. NOC ISSUED BY: …….