No.

## **NO OBJECTION CERTIFICATE**

This is to certify that I have No Objection in Shri./S	Smt
(Name, Designation, Office, Department) undergoing KG	
in (Part Time) at	
(College Name) during the period 2024 – 25. I am aware	that the class timings are form
5.00PM to 10.00 PM, Monday to Saturday and Board exam	ns are conducted for each
Semester during the time period 9.00AM to 5.00 PM.	
Place	
Date	Signature of Issuing Authority
	Name
	Designation

(Office Seal)