ANNEXURE - X

No.

NO OBJECTION CERTIFICATE

This is to certify that I have no objection in Shri./Smt. ……..

…….(name, designation, office, Department) undergoing Diploma Course in…….(1st Shift Part Time) at……..(College Name) during the period 2026-2029. I am aware that the class timings are from 5.00 pm to 10.00 pm, Monday to Saturday and Board exams are conducted for each Semester during the time period 9.00 am to 5.00 p.m.

Place

Date

Signature of issuing authority

Name

Designation

(office seal)