

No Objection Certificate

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [Employee/Patient Name], holding the position of [Designation/Relation], is authorized to travel for health-related purposes.

The individual is required to seek medical attention at [Medical Facility Name] located at [Address], during the period from [Start Date] to [End Date].

We have no objection to this travel and confirm that it is necessary for [his/her] health and well-being.

Should you require any further information, please feel free to contact us at [Contact Information].

Sincerely,

[Authorized Person's Name]

[Title]

[Organization Name]

[Organization Address]

[Contact Information]