

NO OBJECTION CERTIFICATE

(On Institute / Department Letter Head)

To,

**The Director,
ICMR – NIREH, Bhopal
Madhya Pradesh**

This is to certify that Dr. / Mr. / Ms. is a full time student of
..... semester of program in the Department
ofin
..... (Name of the Institution/Department).

The student will be permitted to attend the **Workshop on “One Week National Workshop on Application of Statistics in Environmental Health Research (02-06 December 2024)”**, in ICMR-NIREH, Bhopal during 02-06 Dec 2024.

Name of the Head of the Institution / Department

Signature of the Head of the Institution / Department

Seal

Date:

Place: