**JIET’X ONE CLININC**

**NO OBJECTION CERTIFICATE ~**

**Date:**

This is to certify that **Mr./Ms. …………………………….**, aged **…… years**, has been under medical care at **JIET’X ONE CLININC** for the treatment .**…………………………………………………………………………………………………………………………………………………………………………………………………….**.

Based on current medical evaluation and treatment status, we hereby state that we have **no objection** to the patient …………………………………………………………………………………………………………………………………, provided that they continue to follow medical advice and take necessary precautions as instructed.

This certificate is issued upon the patient's request for official and necessary use.

Sincerely,

**Doctor’s Name :**

**Qualification :**

**Designation :**

**Registration Number :**

**Signature and Stamp :**