No.

## NO OBJECTION CERTIFICATE

This is to certify that I have no objection in Shri./Smt.	
(1	name, designation, office, Department)
undergoing Diploma for Working Professionals in	
at	(College Name) during the
period 2025-27. I am aware that the class timings are in the evening hours / any flexible	
convenient timings, in alignment with the timings of Industry/Organisation 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)