

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title/Position]
[Institution/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: No Objection Certificate for Residency Application

I, [Your Name], [Your Designation/Position], hereby declare that I have no objection to [Applicant's Name], [Applicant's Current Position/Relationship to You], applying for residency at [Program/Institution Name].

[Optional: Brief details about the Applicant's qualifications or reasons for the application.]

This certificate is issued upon the request of the applicant for the purpose of residency application.

Should you need any further information, please feel free to contact me. Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Designation/Position]
[Your Institution/Organization]