

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

[Consulate/Embassy Name]
[Consulate/Embassy Address]
[City, State, Zip Code]

Subject: NOC Letter for Medical Visa Application

Dear Sir/Madam,

I, [Your Name], son/daughter of [Parent's Name], residing at [Your Address], hereby grant permission to [Patient's Name], who is my [relationship to the patient], to travel to [Country] for medical treatment.

Details of the patient:

- Full Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Passport Number: [Patient's Passport Number]

The purpose of the journey is to receive medical treatment for [specific medical condition]. The expected duration of stay in [Country] is from [start date] to [end date].

I affirm that I will be responsible for all expenses related to the travel and medical treatment.

Please find attached the necessary documents related to the medical treatment and travel arrangements.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]