

**National Medical Library  
Directorate General of Health Services  
Ansari Nagar, New Delhi-110029**

Date.....

**SUBJECT: - APPLICATION FOR NO DEMAND CERTIFICATE**

Sir/Madam,

I      Dr./Mr./Ms.....on  
completion of my tenure as JR/M.Sc./SR/Ph.D in the department of  
.....at .....  
request you to kindly issue me **“NO DEMAND CERTIFICATE”**.

I am a member / not a member of National Medical Library and my Library card bearing No..... is deposited for further necessary action.

Yours faithfully

Signature:

Name:

Mobile No.: