

GOVERNMENT MEDICAL COLLEGE,
SURAT.

Name of Department : _____

(1) Name of the Resident: _____

(2) Date of 2nd Year Joining: _____

(3) Details of leave taken: (1) _____

Up till now.

(C.L. & etc.) (2) _____

(3) _____

(4) Details of Attendance (1) _____

In department

(2) _____

(3) _____

Seal and Signature of
Head of the Department

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