

GOVERNMENT MEDICAL COLLEGE,  
SURAT.

Name of Department : \_\_\_\_\_

(1) Name of the Resident : \_\_\_\_\_

(2) Date of Joining : \_\_\_\_\_

(3) Details of leave taken : (1) \_\_\_\_\_  
up till now.  
(C.L. & etc.) (2) \_\_\_\_\_  
(3) \_\_\_\_\_

(4) Details of Attendance (1) \_\_\_\_\_  
in department (2) \_\_\_\_\_

Seal and Signature of  
Head of the Department

GOVERNMENT MEDICAL COLLEGE,  
SURAT.

Name of Department : \_\_\_\_\_

(1) Name of the Resident : \_\_\_\_\_

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in department (2) \_\_\_\_\_

Seal and Signature of  
Head of the Department