GOVERNMENT MEDICAL COLLEGE, SURAT.

APPLICATION FOR GETTING AN EXPERIENCE CERTIFICATE FOR RESIDENCY.

1) Full Name of Applicant :_____

2) Permanent Address : _____

_____

_____

3) Mobile No :_____

4) Details of Residency done :

Sr.No.	Designation	Department	Period		Remarks (Leave) LWP
			From	To	
1	First Year Resident				
2	Second Year Resident				
3	Third Year Resident				
4	Fourth Year Resident				

Date :

_____

(Signature of applicant)

: CERTIFICATE OF HEAD OF THE DEPARTMENT :

It is hereby certified that DR._____

has completed his/her_____ **year Residency in the Department of**

_____**from** _____**to**_____

satisfactorily. There is no dues outstanding him/her in this Department. His / Her work and conduct were also good during the above Period.

Leave without pay:- _____ **Days & Any other Type of Leave:-** _____

Date :

_____

(Signature of H.O.D. with Stamp)

Enclosure:- Attested copy of final Registration Certificate with Gujarat Medical Council must be attached with this application.

- Attached first Year Residency appointment order.

- Attached first Year Residency Joining Report

- Attached extension order & Joining Report (if applicable)

- All R1, R2, R3 Tuition Fee Receipt

- P.G. Passing Mark sheet