GOVERNMENT MEDICAL COLLEGE, SURAT

APPLICATON FOR GETTING AN **EXPERIENCE** CERTIFICATE

FOR SENIOR RESIEDENCY

1) Full Name of Applicant : _____

2) Permanent Address : _____

_____

_____

_____

3) Mobile No. : _____

4) Details of Sr. Residency done:

Sr. No.	Designation	Department	Period		Remarks (leave) LWP
			From	To	
1	Sr. Res.				
2					
3					

Date : _____

(Signature of Applicant)

It is hereby certified that Dr. _____ has completed his/her _____ months Sr. Residency in the Department of _____ from _____ to _____ satisfactory. There is no due 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)

N.B. :-

- Attached Senior Residency appointment order copy.
- Copy of MD/MS GMC Registration.
- Copy of Joining Report.
-Copy of Resignation letter. (If Applicable).