**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 |
| 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.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**N.B. :-**

**- Attached Senior Residency appointment order copy.**

**- Copy of Resignation Letter.**

**- Copy of Joining Report.**