					Date			
To	The Medical Sup G.M. & Associate Lucknow.							
	ough: Proper Chann							
	ject: Experience Cer	tificate for Se	nior Resident (Un	ı-registered)	1			
Sir/	Madam,							
	•			•	Senior Resident (U	· ·		
	the Department o							
	dat			&	Extension	letter no		
	dated				(1)			
0.5		•			on (date)			
& R	esign/Relieved from t	•	,					
G1			ificate as per ment		*	(B) (1)	_	
Sl no.	Appointment/Ext. letter no.	Date of Joining	Date of Extension ( If applicable)	Term Ending	Date of Resignation (If applicable)	(Remarks)		
1								
2								
3								
4								
	Yours faithfully,							
O:	o france		I and Address					
			Local Address:					
			Permanent Address.					
ш	n 15							
1.	The above mentioned	l information?						
	Work and Conduct		-	•		nd/Excellent)		
	UNTERSIGNED,			(Sausiacio	1 y/ 30001/ V C1 y 300	om Pacchelly.		
	on i ensigned,							

Head of the Department signature with seal

## Note- Attached all relevant documents.

- 1. Appointment letter copies.
- Extension letter copies (If applicable)
   Relieving letter copies.
   No Dues Certificate (Original)