

Date.....

To

The Medical Superintendent,  
G.M. & Associated Hospitals,  
Lucknow.

**Through: Proper Channel**

**Subject: Experience Certificate for Senior Resident (Un-registered)/Non PG Junior**

**Resident/Demonstrator**

Sir/Madam,

I, Dr.....appointed as Senior Resident (Unregistered)/Non PG Junior Resident/Demonstrator in the Department of.....Vide letter no.....dated..... & Extension letter no.....dated..... presently working in the department from (date).....to till date.

I had Joined in the Department of.....on (date)..... presently working in the department from (date).....to till date.

Kindly issue me experience certificate as per mentioned date & period.

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,

Signature:..... Local Address:.....

Full Name:.....

Mobile No:.....

Email ID:..... Permanent Address.....

1. The above mentioned information's are verified as per departmental office records.
2. Work and Conduct.....(Satisfactory/Good/Very Good/Excellent).

**COUNTERSIGNED,**

Head of the Department signature with seal

**Note- Attached all relevant documents.**

1. Appointment letter copies.
2. Extension letter copies (If applicable).

