

Date.....

To

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

Through: Proper Channel

Subject: Experience Certificate for Non PG Junior Resident /Demonstrator

Sir/Madam,

I, Dr.....appointed as Non PG Junior Resident/Demonstrator in the Department of.....Vide letter no.....dated.....& Extension letter no.....dated.....

I have Joined in the Department of..... & Resign/Relieve in the Department of dated.....

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)
3. Relieving letter copies.
4. No Dues Certificate (Original)