**Date……………………..**

**To**

 **The** **Medical Superintendent,**

 G.M. & Associated Hospitals,

 Lucknow.

**Through: Proper Channel**

**Subject: Experience Certificate for Senior Resident (Un-registered)**

**Sir/Madam,**

 I, Dr.……………………………………………appointed as Senior Resident (Unregistered) in the Department of…………………………………………Vide letter no………………… ……………………….dated……………………………………. & Extension letter no …………………dated…………………………………

 I had Joined in the Department of…………………………………on (date)………………… & Resign/Relieved from the Department on (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:……………………………….Full Name:………………………………Mobile No:………………………………Email ID:……………………………….. | Local Address:……………………………………………………..----------------------------------------------------------------------------------------------------------------------------------------------------------------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)
 |  |
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