**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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