

To

Date.....

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

**Through: Proper Channel**

**Subject: Prior notice for resignation on (date).....**

**Sir/Madam**

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

I, .....  
.....  
.....  
.....  
.....  
.....

So, kindly accept my resignation from date  
of.....(forenoon/afternoon) and relieve me.

Yours faithfully,

Signature:..... Local Address:.....  
Full Name:.....  
Mobile No:.....  
Email ID:..... Permanent Address.....  
.....  
.....

COUNTERSIGNED,

Head of the Department with seal

1. The above mentioned informatios are verified as per departmental office records.
2. Appointment letter copies.
3. If any other attachments.

**Resident & Intern Section**

(Senior Resident (unregistered)/ Non PG Junior Resident/ Demonstrator/ Intern)

**Application format for experience certificate after completion**

- Senior Resident (unregistered)-
- Non PG Junior Resident-
- Demonstrator-

**Application format for NOC (Non objection certificate)**

- Senior Resident (unregistered)-
- Non PG Junior Resident-
- Demonstrator-

**Application format for Resignation**

- Senior Resident (unregistered)-
- Non PG Junior Resident-
- Demonstrator-