

KING GEORGE'S MEDICAL UNIVERSITY

APPLICATION FOR ISSUE OF WORK / CONDUCT / ATTEMPT / EXPERIENCE CERTIFICATE

To,

The Dean-Academics,
King George's Medical University
Lucknow

Subject: Application for Issue of WORK / CONDUCT / ATTEMPT / EXPERIENCE Certificate

Sir/Madam,

I have completed _____ (Course Name) from this University and require a **WORK / CONDUCT / ATTEMPT / EXPERIENCE Certificate**.

My details are as follows:

1. Name (in Block Letters): _____
2. Father's Name: _____
3. Mother's Name: _____
4. Course: _____
5. Department (For PG Students Only): _____
6. Enrolment No.: _____
7. Roll No.: _____
8. Date of Joining: _____
9. Date of Passing: _____
10. Date of Completion of Internship (For MBBS/BDS Students only): _____
11. Name of College (For Affiliated College students only): _____
12. Mobile No.: _____
13. Email ID: _____

Payment Details:

- Transaction ID: _____
- Date of Payment: _____
- Amount Paid: Rs. 500/-

I hereby declare that the above information is true and correct.

Kindly issue the certificate at the earliest.

Date: _____

Place: _____

Signature of Applicant

Name: _____

Recommendation by Head of Department

Forwarded and Recommended:-

Certified that Dr. _____ has worked in the Department of _____ during the residency period from _____ to _____.

His/Her Work & Conduct during the residency period was:-

Satisfactory Good Very Good Excellent

Remarks: _____

Date: _____

Signature: _____

Name of HOD: _____

Head, Department of _____

(Seal of the Department)

Enclosures:

- Copy of Final Year Marksheet
- Internship Completion Certificate (For MBBS/BDS Students only)
- No Dues Certificate
- Fee Receipt