

To
Medical Superintendent
DHAS
Delhi-110032.

Sub:- Application for experience Certificate. / *NOC*

Sir,

I have worked/working as a _____ on adhoc/regular basis in the department of _____ w.e.f. _____ to _____. Kindly issue me an experience certificate.

Yours faithfully,

Signature: _____
Name: _____
Designation: _____

CERTIFICATE BY CONCERNED INCHARGE

Certified that Dr _____ has worked/is working as _____ in this department of this hospital on adhoc/regular basis w.e.f. _____ to _____.
During the said period, his/her work and conduct was satisfactory/good/very good/ excellent.

It is also certified that nothing is due against him/her.

Signature: _____
Name: _____
Designation: _____

Forwarded to M.S.

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To
Medical Superintendent
DHAS
Delhi-110032.

Sub:- Application for Resignation.

Sir,

I have worked/working as a _____ on adhoc/regular basis in the department of _____ w.e.f. _____. As per the clause of the offer of appointment a prior notice of 7 days/ 30 days has to be given. Kindly consider notice period from today and my last working day will be _____.

Yours faithfully,

Signature: _____
Name: _____
Designation: _____

FORWARDED BY CONCERNED INCHARGE.

Remarks:

Signature: _____
Name: _____
Designation: _____

Forwarded to M.S.

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To

The Medical Superintendent,

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APPLICATION FOR EXTENSION OF TENURE OF RESIDENCY SHIP
(Note: to be submitted within 10 to 15 days prior to completion of present tenure)

1. Full Name (in block letters):- DR.....
2. Date of Birth :.....
3. Designation (JR/SR).....(Regular/Adhoc)
4. Department
5. Date of last extension granted
(Copy of the office order to be enclosed)
6. Date of completion of present tenure:-
7. Date of joining:.....

As my present tenure of JRsip/SRship is going to expire as mentioned at sl.no.6 above, it is requested to kindly extend the period of my residency, as admissible under the residency scheme, on the same terms and conditions of my initial appointment letter.

Date:

Signature.....

Name (in block letters).....

Contact Tel. No.....

Recommendation of the Incharge concerned:

- 1) The application of Dr..... may be considered.
- 2) It is certified that the work and conduct of Dr....., designation during his/her tenure in this department till date was Satisfactory/Good/Very Good.

Signature of incharge:.....

Name (in block letters):.....

Department:.....

Forwarded to M.S.,

GOVT. OF NCT OF DELHI
DR. HEDGEWAR AROGYA SANSTHAN
KARKARDOOMA, DELHI

NO DUES CERTIFICATE FOR SR/JR

Certified that nothing is due against Dr. _____ posted
as _____ in the department of _____

Sl.No	Name of the Departments	Signatures
1.	Estt. Branch/ Dealing Assistant	
2.	Account clerk	
3.	Cashier	
4.	General store	
5.	MRD	
6.	Medical Surgical Store	
7.	Identity card	
8.	I/C transport	
9.	HOD	
10.	Casualty	
11.	Nursery	
12.	Radiology Dept.	
13.	ECG room	
14.	OPD	
15.	Pediatric Casualty	
16.	1 st floor	
17.	2 nd floor/GOT	
18.	Labour room	
19.	3 rd floor	
20.	4 th floor	
21.	5 th floor	
22.	Minor OT	
23.	Emergency OT	
24.	ICU	
25.	Laboratory	
26.	Blood Bank	

Signature: _____

Name _____

Ph. No. _____

Last working day: _____

Verified and forwarded by concerned in charge

CERTIFICATE

Ref. Para 8 (v) Annexure GOI Ministry of Finance Regulation No. 14(1)/IC/86/dated 13th September, 1985) Sh./Smt./Ms./Dr. Hereby certify that I am incurring some expenditure towards rent.

That I am living in own house and paying/contributing towards house or property tax or maintenance of the house.

Address: -

Signature

Name

Designation

w.e.f.

Delete/ score out whichever is not applicable

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w.e.f.

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