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	•		
То			
Medical Superi	ntendent		
DHAS Delhi-110032.			
		•••	
Sub:- Applicatio	on for experience Certificate.	JOC	
	1		
Sir,	arkadhuarking oo o	on adhoc/regula	r hasis in the dena
of	w.e.f.	to	Kindly iss
an experience o	certificate.		
			Yours fair
		Signature:	·
		Name:	
		Designation:	
		Designation	
		BY CONCERNED INCHARGE	
Certified	that Dr	SY CONCERNED INCHARGE	has worked/is w
Certified	that Dr	SY CONCERNED INCHARGE	has worked/is w
as w e f	that Drto	SY CONCERNED INCHARGE in this department of this hospital	_ has worked/is w on adhoc/regular
as w e f	that Drto	SY CONCERNED INCHARGE	_ has worked/is w on adhoc/regular
as w.e.f During the said	that Drto	in this department of this hospital	_ has worked/is w on adhoc/regular
as w.e.f During the said	that Drto period, his/her work and conduc	in this department of this hospital	_ has worked/is w on adhoc/regular
as w.e.f During the said	that Drto period, his/her work and conduc	in this department of this hospital ct was satisfactory/good/very good/	_ has worked/is w on adhoc/regular excellent
as w.e.f During the said	that Drto period, his/her work and conduc	in this department of this hospital ct was satisfactory/good/very good/nst him/her.	_ has worked/is w on adhoc/regular excellent.
as w.e.f During the said	that Drto period, his/her work and conduc	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
as w.e.f During the said	that Drto period, his/her work and conduc	in this department of this hospital ct was satisfactory/good/very good/nst him/her.	_ has worked/is w on adhoc/regular excellent.
as w.e.f During the said	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
w.e.f.  During the said  It is also	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
w.e.f.  During the said  It is also	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
w.e.f.  During the said  It is also	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
w.e.f.  During the said  It is also	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.
asw.e.f During the said It is also	that Drto period, his/her work and conductor certified that nothing is due again	in this department of this hospital ct was satisfactory/good/very good/nst him/her.  Signature:Name:	_ has worked/is w on adhoc/regular excellent.

Sub:- Application for F	Resignation.		
Sir,   have worked/v	vorking as a w.e.f s/ 30 days has to be give	on adhoc/regular  As per the clause of the clause of the clause period from the consider notice period from the considerance period from the consider	basis in the department e offer of appointment a from today and my las
working day will be		•	
			Yours faithfully
	FORWARED BY	CONCERNED INCHARGE.	
Remarks:			
		Signature:	

The Medical Superintendent,  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
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
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(Note: to be submitted within 10 to 15 days prior to completion of present tenure)  1. Full Name (in block letters):- DR
<ol> <li>Full Name (in block letters):- DR</li></ol>
<ol> <li>Date of Birth</li></ol>
<ol> <li>Date of Birth</li></ol>
<ol> <li>Designation (JR/SR)(Regular/Adhoc)</li> <li>Department</li></ol>
<ul> <li>Department</li></ul>
5. Date of last extension granted
(Copy of the office order to be enclosed)
(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
during his/her tenure in this department till date was <u>Satisfactory/Good/Very</u> <u>Good</u> .
<u>0000</u> .
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

		department of
.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	
0.	Casualty	
11.	Nursery	
12.	Radiology Dept.	
13.	ECG room	`
14.	OPD	
15.	Pediatric Casualty	
16.	1st floor	
17.	2 <sup>nd</sup> floor/GOT	
18.	Labour room	
19.	3 <sup>rd</sup> floor	
20.	4th floor	
21.	5 <sup>th</sup> floor	
22.	Minor OT	
23.	Emergency OT	
24.	ICU	
25.	Laboratory	
26.	Blood Bank ·	
		Signature:
		Name
		<del></del>
		Ph. No
ast work	ing day:	
erified a	nd forwarded by concerned in charge	

of 	month	r the	R fo	sR/J	Depar eport	De tendance rep
	of	month of	r the month of	nt	sR/JR for the month of	Department report SR/JR for the month of

Status Leaves* Earned leaves	S.No	o Name	Designation
			Status
	`		
			•

\*Leaves for Regular Junior residents and ad hoc resident doctors. Note. 1. Records of CL, Regular off and C.off may be kept in concerned department only (attendence register)

Remarks (if any)

## CERTIFICATE

tef Para 8 (v) Annexure GOI Minist 985) Sh./Smt./Ms./Dr. xpenditure towards rent.	try of Finance	e Regulation Here	No. 14(1)/IC/86/date eby certify that I are	d 13" Septemb m incurring sor	m
hat I am living in own house and payir	ng/contributing	g towards hou	se or property tax or i	naint <b>e</b> nance <b>o</b> f t	:he
iouse.	* *.	•			
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	CERTIF	ICATE		· · · · · · · · · · · · · · · · · · ·	
Ref. Para 8 (v) Annexure GOI Minyst	er of Finance	Regulation N	No. 14(1)/IC/86/dated	i 13 <sup>th</sup> Septembe	er.
Ref. Para 8 (V) Affilexule GOT Mill St. 1985) Sh./Smt./Ms./Dr.		Here	by certify that I am	incurring son	ıe
expenditure towards rent.					
That I am living in own house and payi r	/ib-, tina	towards hous	e or property tax or m	naintenance of th	i
	i&\courtonning	towards nous	c or property tast or in		
nouse.		· • •		•	
			C:atrix		
Address:			Signature	•	. :
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Delete/ score out whichever is not applic	aux				