(Form of Clearance Certificate Required to be Submitted to the Office before Release / Final Payment)

Note:- Form will be filled and signed after declaration of Result

Dr. _____ I/II year PG (Diploma) in the

Department of _____ From _____

1.	Head of Department	:	
2.	Supervisor	:	
3.	Warden (Concerned Hostel)	:	
4.	Library (MAMC)	:	
5.	Library (G.B. Pant Hospital)	:	
6.	National Medical Library	:	
7.	Medical Record Dept. (Lok Nayak Hospital)	:	
8.	Medical Record Dept. (G. B. Pant Hospital)	:	
9.	Account Branch	:	
10.	Keys of Cup-Boards /Almirah Handed Over	:	

Dr. _____ has obtained clearance

from the department. His/Her security deposits may please be released.

The Dean,

MAMC, New Delhi

Sub:- Issue of passing / character / work experience certificate

Sir,

    I have passed my Diploma in _____ Annual Examination held in _____. It is therefore requested that above certificate may please be issued to me. No dues certificate and **two photographs (Only Staple, without Sign)** are hereby enclosed. My detailed particulars are as follows:-

(Filled in CAPITAL LETTERS)

1.   Name   :   _____

2.   Father's Name   :   _____

3.   Enrollment No.   :   _____

4.   Address   :   _____

                                        _____

                                        _____

                                        _____

5.   Contact No.   :   _____

Yours faithfully,

(   )

Certificate from HOD

It is certified that Dr. _____ has completed his / her I/II years tenure from _____ to _____ satisfactory in the Department. He / She has relinquished his / her charge in the Department on _____.

Signature of HOD with Seal