



GOVERNMENT OF NCT OF DELHI
MAULANA AZAD MEDICAL COLLEGE

And Associated Lok Nayak, G. B. Pant Hospital & Guru Nanak Eye Centre,
2-B.S.Z. Marg, New Delhi-02
(Academic Branch)

(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/III year PG (MD/MS) 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 MD/MS 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. : _____
6. Name of Supervisor (Guide) : _____
7. Title of Thesis : _____

Yours faithfully,

(_____)

Certificate from HOD

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

Signature of HOD with Seal