

**GOVERNMENT SMHS HOSPITAL SRINAGAR.
(NO DEMAND CERTIFICATE)**

Certified that there is nothing outstanding against Dr. _____
 S/o,D/o _____ R/o _____
 from the following section of the hospital. Dr. _____ worked as
 _____ in this hospital in the department of _____
 w.e.f _____ to _____

Department/Section	Name of the section Incharge	Signature of section incharge	Seal & signature of attesting authority
Registrar			
GOT-I			
GOT-ii			
Trauma Theater			
ENT Theatre			
Eye Theatre			
Anesthesia Deptt			
Department Library			
College Library			
Doctors Hostel			
Dressers			
Staff Nurse			
Cashier			
Drug Store Keeper			
General Store Keeper			
Laundry Section			
CSSD Section			
House Keeping Manager			
J&K Bank, GMC Srinagar			
Other sections if any			

As reported by the sections above, there is nothing outstanding against Dr. _____
 upto _____ However shortage if any from any other section may be
 communicated later on.

Hospital Checking Assistant

*Counter signed by
HOD concerned*

No. _____
 Dated:- _____

GOVERNMENT MEDICAL COLLEGE, SRI GANAPATI

Certified that Dr. _____ S/o _____
D/o _____ R/o _____ has completed
his/her House Job in this Hospital in the Department of _____
with effect from _____ to _____
_____. During this period his/her performance is as under:-

1. Regular of work _____
2. Punctuality _____
3. Emergency Care of patient _____
4. Compassion/Communication _____
5. Report with the patient, capacity
for team work, including relationship
with the seniors, colleagues,
Sub-ordination & will to work more.
if required _____
6. Overall performance _____

Signature of Head of Unit.

Signature of Head of Department.

Signature of Medical Superintendent.