

**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:-

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 in Patient _____.
- 4. Compassion/Communication/ _____.
- 5. Report with the patient _____.
- Capacity for Team Work, including
Relationship with Seniors, Colleagues,
Sub- Co-ordination & will to work
More, if required. _____.
- 6. Overall Performance. _____.

Signature of the
Head of Unit

Signature of Head
of Department

Signature of the
Medical Superintendent