

To Whomsoever It May Concern

This is to certify that

Dr _____
(Student Name)

is taking her postgraduate (MD/DGO/ DNB) training in Obstetrics and
Gynecology, in _____

(Name of the Institution).

The joining was in _____ (Month, Year) and is scheduled to
end in _____ (Month, Year)

Date: _____

Signature

Name of the HOD, - With seal

