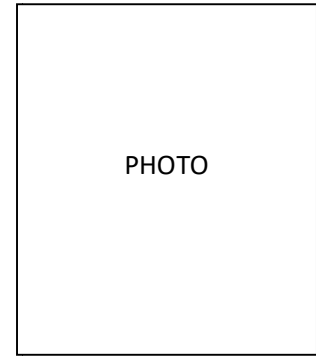




**DR. BABA SAHEB AMBEDKAR HOSPITAL  
(GOVT. OF NCT OF DELHI)  
SECTOR-6, ROHINI, DELHI-85**



**NO DUES CERTIFICATE FOR RESIDENT DOCTORS  
(Senior Resident / DNB/ Junior Resident)**

To be filled by Candidate (in capital letter)

NAME	Dr. _____																					
Mother's Name	_____																					
Father's/ Husbands Name	_____																					
Designation	_____					Department: _____																
Tenure (Adhoc)	From:	/	/	/	20	To:	/	/	/	20												
Tenure (Regular)	From:	/	/	/	20	To:	/	/	/	20												
Address (for future correspondence)	_____																					
	_____																					
	Pin Code: _____																					
Mobile No												Landline (STD Code)										
Email Id (Capital words)	_____																					
DMC No.																						
Aadhar Number																						
Hostel/ Residential flat address (If allotted)	_____																					
CUG No (if allotted)	_____																					

To be filled and signed by respective departments:

SNO	DEPARTMENT	SIGNATURE AND NAME		COUNTER SIGNATURE		
1	LIBRARY (Medical College)			(stamp must)		
2	MRD –MLC & CASESHEET RECORDS(Dealing assistant/c/s MRO)					
3	No dues, Last Working Day and Work and Conduct by concerned department HOD	Satisfactory	Good	Very Good	Excellent	
	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	No dues and Last Working Day is _____ Two Thousand _____ ( ____ . ____ . 20 ____ )		Sign and Stamp (HOD) must	
4.	ESTATE OFFICER (DA and C/S by					

	Estate officer)		
5.	WARDEN HOSTEL (DA and C/S by MO I/C)		
6.	I –CARD and Stamp(DA and C/S by MO I/C)		
7.	CUG Phone (DA & c/s by MOIC)		
8.	DGEHS CARD (DA and C/S by AO) (Returned and cancelled)		
9.	ACCOUNTS (DA & C/S by A/c officer)		
10.	I/T cell (with a request to delete the name of Doctor from Biometric Attendance system)		
11.	ADM BRANCH –  File No:  Signature DA:	Last Working Day:  Resigned /tenure completed  Notice period served/ Not served	C/S BY Administrative Incharge

No dues to be done from respective sister Incharges :

		Name of Sister Incharge	Signature of Sister Incharge
12.	S/I concerned Dept OPD		
13.	S/I concerned Dept Ward		
14.	S/I Main OT		
15.	S/I Emergency OT		
16.	S/I -ICU		
17.	S/I- CCU		
18.	S/I-Labour Room		

**UNDERTAKING**

I have not indented any of the following items: Mobile hand set/ Mobile SIM card/ Stethoscope/ white coat/ OT dress/ any other Instrument/ Equipment/ item from General Store/ Any other store/ OT/ OPD/ Ward/ casualty/ caretaking etc.

Or

I have indented the following item/s:..... from ..... and I have returned the same to ..... on ...../...../ 20....

**Certified that the above provided information is correct and in case of any disparity I am responsible for the same. In case of false information provided by me, authorities are free to take appropriate action against me. I also hereby undertake that if any excess payment is made to me by the Hospital, the same will be returned.** I also request competent authority to issue me my experience certificate, release my last salary after adjusting dues if any and if I am eligible kindly en cash my earned\*\* leaves. I am submitting two passport size photographs for the purpose of Experience certificate in OSD office.

**Date**

**Signature & Name of Concerned Resident Doctor**

\*\* Regular Senior Residents only. Conditions apply.