

CLEARANCE CERTIFICATE

(For House Officers)

This is to certify that nothing is due against Dr. _____

S/O, D/O _____ designation House Officer worked in this hospital

with effect from _____ to _____.

Signature of Doctor: _____

1. Wards _____
(1st Rotation) (2nd Rotation) (3rd Rotation) (4th Rotation)

2. A.M.S (Admn) _____

3. Accountant _____

4. Cashier _____

5. Complaint cell _____

6. Incharge House Officer Lodge/LDH _____

7. M & R / SDO Electricity _____
(in case use of Air Conditioner)

(Signature with stamp of all Departments)

Countersignature

Medical Superintendent,
B.V. Hospital, Bahawalpur.