

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. Accountant _____

3. Complaint cell _____

4. Incharge House Officer Lodge/LDH _____

5. M & R / SDO Electricity _____

(In case use of Air Conditioner)
(SIGNATURE WITH STAMP OF ALL DEPARTMENTS)

Countersignature

**Medical Superintendent
B.V. Hospital Bahawalpur**