

CLEARANCE
(For House Officers)

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

F/Name _____ House Officer worked in this hospital with effect

from _____ to _____.

H. O. Signature _____

Sr. #	Section	Sign and stamp
1.	Concerned bill clerk House Officers BVH	
2.	Complaint cell BVH	
3.	Incharge House Officer Lodge/LDH	
4.	M & R / SDO Electricity	

Medical Superintendent
B.V. Hospital Bahawalpur