

ANNEXURE- IV

Name of the Institution/ Hospital:-

Certificate of Experience

Issued to

.....

.....(here enter name & address)

This is to certify that the above mentioned person has worked / has been working as Senior Resident in Radiotherapy/Radiation Oncology in

.....(Name and Address of the institution/ hospital) during the period from

..... to

Also certified that this Institution/ hospital was being run by the recognition of the NMC during the above period.

Signature, Name & Designation of
issuing authority with name of the institution

Place:
Date:

(Office Seal)