

# DR.V.M.GOV.T. MEDICAL COLLEGE, SOLAPUR

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No. VMGMC/PG/ Certificate /

/2025

Date: / 01 / 2025

## CERTIFICATE.

This is to certify that, **Dr. ....** has worked as **Senior Resident** in the following **Department of Anaesthesiology** this institution as detailed below & his/her experience is as under.

Sr. No	Department	Period		Post Held
		From	To	
1	Anaesthesiology			Senior Resident
2				Senior Resident
3				Senior Resident

During the above period his/her work was satisfactory and conduct was good. Certificate issued as per HOD recommendation.

**Dy. Dean**

Dr. V.M. Govt. Medical College,  
Solapur.

To,

**Dr. ....**  
Solapur.

