

पश्चिम रेलवे WESTERN RAILWAY
जगजीवनराम अस्पताल, मुंबई सेंट्रल JAGJIVAN RAM HOSPITAL, MUMBAI CENTRAL

NO DUES FORM
FOR HOUSE SURGEON/ RESIDENT DOCTORS

नाम NAME:

पता ADDRESS:

मोबाइल फोन न. MOBILE NO:

विभाग DEPARTMENT & COURSE:

दिनांक DATE प्रारम्भ JOINING: समाप्ती COMPLETION:

दिनांक Date:

आवेदक का हस्ताक्षर Sign of the House Surgeon

CERTIFICATE

This is to certify that there are no dues in the name of the above mentioned House officer.

		Sign	Name	Remarks
1	Head of the Department			
2	DNB / CPS incharge			
3	Care taker Hostel			Key submitted. Yes / No
4	Hostel Incharge			Room vacated Yes / No
5	Library Incharge			
6	Doctors' Club Incharge			
7	Pay bill Clerk			

अग्रेसित Forwarded to Chief Specialist and MD/JRH to issue completion certificate and release of final payment of stipend if any.

दिनांक Date:

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हस्ताक्षर Sign Dept Incharges

Approved / not approved due to

Chief Specialist / JRH

MD/JRH