

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

NO DUES FORM
FOR HOUSE SURGEON/ RESIDENT DOCTORS

नाम NAME:

पता ADDRESS:

ई मेल पता Email ID

मोबाइल फोन न. MOBILE NO :

विभाग COURSE & DEPARTMENT:

दिनांक DATE प्रारम्भ JOINING: समाप्ती COMPLETION:

दिनांक DATE:

आवेदक का हस्ताक्षर Sign of Applicant

CERTIFICATE

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

		Name	Sign	Remarks
1	DNB/CPS/Course Incharge			
2	Care Taker Hostel			Key submitted. Yes / No
3	Hostel Incharge			Room Vacated. Yes / No
4	Library Incharge			
5	Doctors' Club Incharge			
6	Pay bill Clerk			

अग्रेषित Forwarded to Chief Staff Surgeon (CSS) for issue completion certificate and release of final
payment of stipend if any.

दिनांक DATE:

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हस्ताक्षर Sign of Dept Incharge

Approved and recommended/ not approved due to

Chief Staff Surgeon (CSS)/JRH