

**OFFICE OF THE MEDICAL DIRECTOR  
GURU TEG BAHADUR HOSPITAL  
DILSHAD GARDEN, DELHI-95  
(E-I BRANCH)**

**No. F.1-5(176)/E-I/SR/GTBH/2023/**

**Dated:**

**NO DUES CERTIFICATE**

I am directed to forward herewith "No Dues Certificate" in respect of Dr. Anurag, Senior Resident (Neurosurgery), for further necessary action at your end.

S. No.	Name of Senior Resident	Deptt.	Status	Period	Remarks
1.	DR. ANURAG	NEUROSUGERY	REGULAR	21.12.2023 TO 11.06.2024	-

**Encl: As above**

  
**SECTION OFFICER (E-I)**

To,  
DDO/Sr. Accounts Officer, GTBH

**No. F.1-5(176)/E-I/SR/GTBH/2023/ 5341-43**

**Dated: 03/01/25**

Copy to:

1. Vigilance Branch, GTBH.
2. EDP Cell, GTBH.
3. Personal file of the Officer.

  
**SECTION OFFICER (E-I)**