

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

**No. F.1-5(167)/E-I/SR/GTBH/2021/**

**Dated:**

**NO DUES CERTIFICATE**

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

S. No.	Name of Senior Resident	Deptt.	Status	Period	Remarks
1.	DR. ISHA SHARMA	OPHTHALMOLOGY	AD-HOC	13.10.2021 TO 01.06.2022	-
			REGULAR	02.06.2022 TO 12.10.2024	-
			AD-HOC	13.10.2024 TO 12.12.2024	-

**Encl: As above**

**SECTION OFFICER (E-I)**

To,  
DDO/Sr. Accounts Officer, GTBH

**No. F.1-5(167)/E-I/SR/GTBH/2021/5665-67**

**Dated:** 18/11/25

Copy to:

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

**SECTION OFFICER (E-I)**