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

No. F.1-5(15)/E-I/SR/GTBH/2023/

Dated:

## **NO DUES CERTIFICATE**

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

S. No.	Name of Senior Resident	Deptt.	Status	Period	Remarks
1.	DR. UDIT KUMAR	ORTHOPAEDICS (PMR)	REGULAR	13.01.2023 TO	-
				12.01.2025	

Encl: As above

**SECTION OFFICER (E-I)** 

To, DDO/Sr. Accounts Officer, GTBH

No. F.1-5(15)/E-I/SR/GTBH/2023/5838-40

Dated: 30/01/25

## Copy to:

- 1. Vigilance Branch, GTBH.
- 2 EDP Cell, GTBH (for on-line attendance transfer, if above said Senior Resident requested).
- 3. Personal file of the Officer.

SECTION OFFICER (E-I)