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

No. F.1-5(61)/E-I/SR/GTBH/2025/

Dated:

NO DUES CERTIFICATE

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

S. No.	Name of Senior Resident	Deptt.	Status	Period	Remarks
1.	DR. ANJALI YADAV	ANAESTHESIA	AD-HOC	27.03.2025 TO 21.05.2025	-

Encl: As above

SECTION OFFICER (E-I)

To, DDO/Sr. Accounts Officer, GTBH

No. F.1-5(61)/E-I/SR/GTBH/2025/1560-61

Dated: 27 66 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)