



Gulab Devi Teaching Hospital Al Aleem Medical College

Clearance Form for House Officers



Date _____

It is certified that nothing is due against Dr. _____ S/D/W/O

_____, having CNIC number _____ MBBS passing

year _____ and PMDC license number _____ worked as House Officer in

Gulab Devi Teaching Hospital with effect from _____ to _____.

Department

Signatures & Stamp

1st Rotation _____

2nd Rotation _____

3rd Rotation _____

4th Rotation _____

Hostel Incharge: *Joining* _____ *Leaving* _____

Mess Incharge: *Joining* _____ *Leaving* _____

Computer Lab

Librarian

Security Incharge

Others

Student Affairs Dept.

HR Dept.

Medical Superintendent/CEO



Gulab Devi Teaching Hospital
Al Aleem Medical College
Rotation Completion Form for House Officers



Date _____

It is to certify that Dr. _____ S/D/W/O _____,
having CNIC number _____ MBBS passing year _____ and PMDC license
number _____ worked as House Officer in Gulab Devi Teaching Hospital and completed
rotations in the below departments.

	Department	Starting Date (D / M / Y)	Ending Date (D / M / Y)	Signatures & Stamp of Head of Department <i>(To be Signed by HOD only)</i>
Rotation 1				
Rotation 2				
Rotation 3				
Rotation 4				

Remarks from any Dept:

Student Affairs Dept.

HR Dept.

Medical Superintendent/CEO