Place: Date:

**To Whom It May Concern**

This is to certify that Mr./Ms. **[Employee Name**] worked as an **[Designation]** in our hospital from **DD/MM/YYYY** to **DD/MM/YYY**.

During his/her service with us, we found him caring and committed to the profession. His/her duties include treating patients, monitoring patients’ health, and maintaining paperwork.

We wish him/her all the best in his/her future career.

For the **[the hospital name],**

Authorized Signatory.