Place:

Date:

**To Whom It May Concern**

It is hereby certified that Mr./Ms. **[Doctor’s name]**, served as **[Designation]** in **[Department]** from **DD/MM/YYYY** to **DD/MM/YYYY**.

During his time with us, he/she was empathetic towards patients. He/she has a strong work ethics and is committed to the profession wholeheartedly.

His/her job responsibilities comprise diagnosing &  treating patients, prescribing medication, and suggesting specialized care in case of any requirement.

We wish him/her all success in future endeavours.

For the **[the Hospital name]**

Authorized Signatory.