Hospital Experience Certificate

Date:

**To Whom It May Concern**

This is to certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_[Employee name] has worked in this hospital as \_\_\_\_\_\_\_\_\_\_\_\_\_[designation] from \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_[date].

We have no objection to her seeking employment somewhere else.

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

For the [Hospital Name],

Authorized Signatory.