**Place:
Date:**

**To Whomsoever It May Concern**

This is to certify that **Dr. [Doctor Name]**, Reg. No. **XXXXX** has provided services as **Duty Medical Officer** in our hospital from **[Date]** to **[Date].**

His/her main job responsibilities include monitor and providing care to the patients in OPD, IPD, ICU, and Casualty.

During his/her tenure, we found him/her very cordial and professional in his/her approach.

The organization wishes him/her success in all his/her future endeavours.

For "**The Company Name**",

Authorized Signatory.