**Place:   
Date:**

**To Whomsoever It May Concern**

This is to certify that **Dr.** **[Doctor name]** has worked with the **[hospital name]** as a **[Designation]** from **[Date]** to **[Date]**.

His primary responsibilities include accurate diagnosis and treatment for in-patient, out-patient, day care, and emergency department patients.

Throughout his/her service, he/she was found to be a positive individual in general and very comfortable to interact with.

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

For "**The Company Name**",

Authorized Signatory.