**Place:
Date:**

**To Whomsoever It May Concern**

This is to certify that **Dr. [Doctor name]** S/O **[Father name]** worked as a Duty Doctor in clinical and teleconsultation in our organization from **[Date]** to **[Date]**.

Throughout his service, he was committed to the organization's values and vision.  He has excellent communication and listening skills.

We wish him all the best in his future career.

For "**The Company Name**",

Authorized Signatory.