**Place:   
Date:**

**To Whomsoever It May Concern**

This is to certify that Dr. **[Doctor name]** with Regd No: **XXXXX** worked as a General Practitioner in our hospital from **[Date]** to **[Date]**.

During her tenure, she has exceptional professional knowledge and has provided high standards of medical care to our patients.

**His primary job responsibilities include:**

* Respond to patients' health issues according to their medical history.
* Diagnose medical issues and perform the treatment.
* Prescribe medication and instruct how to take them correctly.
* Update the patient medical records.
* Provide occasional emergency care in threatening situations.

We wish her every success with his future endeavours.

For "**The Company Name**",

Authorized Signatory.