**COLLEGE NAME & DETAILS**

 **Recommendation letter by Head of the Dept**

 Date: \_\_\_\_\_\_\_\_\_

 Place: \_\_\_\_\_\_\_\_\_

 **CERTIFICATE**

This is to certify that Dr………………..(applicant name) is doing PG (MD) in Dermatology, Venereology & Leprosy in the Dept of DVL,…………………..(college name) at ……………….(place) from …………………..(Date of Joining).He/She is expected to complete His/Her course by …………………….(year of completion).

This certificate is issued for the purpose of obtaining an IADVL membership.

(HOD name)

HOD Signature with seal