



**GOVERNMENT OF WEST BENGAL
NORTH BENGAL MEDICAL COLLEGE**

OFFICE OF THE PRINCIPAL

P.O. Sushrutanagar, Dist. Darjeeling, WB - 734 012
E-mail: prin_nbmch@wbhealth.gov.in Phone & Fax: 0353 2545478



Memo no: PCM/2012-13/.....

Date:

Residential certificate

To whom it may be concerned

This is to certify that Dr. _____,

_____ (Designation) of this institution, whose signature is

attested below; resides in the following address-

Signature of Dr. _____

Attested and certified

**PRINCIPAL
North Bengal Medical College**



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CERTIFICATE OF TEACHING EXPERIENCE

To whom it may be concerned

The teaching experience of Dr. _____

_____ (designation), of Deptt. of _____ of this

institute is hereby to certify as below;

Designation	Name of Institution	From	To	Total Experience
Tutor				
Asst. Prof				
Assoc Prof				
Professor				

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