**Letter of Endorsement by Head of the Department**

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

I Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LM NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head of Department of Dermatology, Venereology & Leprosy in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(college name) hereby certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is doing MD/ DNB in Dermatology, Venereology & Leprosy in this department, with effect from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date of Joining).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature HOD Signature

 of the student with seal