ANNEXURE-C

SELF DECLRATION OF EXPERIENCE ON LETTERHEAD

(To be SUBMITTED IN CASE OF PRIVATE PRACTICE)

I Dr.---------- hereby declare that

I am a registered medical practitioner (RMP) practicing at my private hospital/clinic at the address mentioned below since last _____years.

I also hereby declare that I have gained the clinical experience in my discipline/speciality during the above period.

Name & address of hospital/clinic	
Contact number	

Date

Signature

Name