

Date:

To:

The Dean  
K.S.Hegde Medical Academy  
Deralakatte.

Respected Sir,

I kindly request you to issue the following certificate/s for.....

.....

**Certificate:**

1. Experience/ Service/ Employment certificate
2. Residence proof certificate
3. Salary Certificate
4. No Objection Certificate
5. Photocopy of Form 16 / Certificate of income
6. Profession Tax Payment Certificate

Staff signature

Name & Designation

Department

Sanctioned / not sanctioned

Dean

**Note: Certificate will be issued 24-48 hours after the application.**