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 **Email:-dean.health.bhavnagar@gmail.com**

 **No.MCB/EST/1-2/ /2024 Date: / /2024**

**CERTIFICATE**

 This is to certify that neither I have done any type of private practice from Date............................to.............................nor I am doing it at present.

Date :......../........./2024

Place : Dr........................................

 Dean

 Govt. Medical College

 Bhavnagar