****

**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