

Date:

Employment Letter

This is to certify that the healthcare practitioner/ is currently
employed by / from date/ and he is still
working without break with the below mentioned details:-

- Profession:
- Scope of practice:
- License number:

We certify that all the above mentioned information is correct and we are fully responsible for these details.

Medical director signature

Facility stamp

Note: This letter is valid for 3 months from the issue date.