

## Endorsement for Paediatric Medicine Residency Training

I certify to my best knowledge that \_\_\_\_\_  
< Full Name of Candidate >

has been trained satisfactorily, under my supervision, as a resident in Paediatric Medicine in the  
\_\_\_\_\_ Paediatric Medicine Residency Programme.  
<Name of Sponsoring Institution >

I further confirm that he/she has completed the following hospital rotations by the time of sitting for the exam in  
\_\_\_\_\_  
<Month & Year >

Start of Residency Training (dd/mm/yy)	General Paediatric Posting (no. of months)	Paediatric Subspecialties Posting (no. of months)	Neonatology Posting (no. of months)	Recognized Elective Posting (no. of months)

Full Name of Programme Director:  
\_\_\_\_\_

Name of Sponsoring Institution:  
\_\_\_\_\_

Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_