



DR. LAKSHMAN DAS

GENERAL PRACTITIONER



EXPERIENCE CERTIFICATE

I Dr. Lakshman Das, working as a senior GP and doing my private practice since (YYYY) in Colombo, Sri Lanka.

I certify that Dr. _____ has been doing his/her private general practice from dd/mm/yyyy to dd/mm/yyyy. His/her clinic address is (mention full address).

The experience certificate has been issued on the request of Dr. _____ as an evidence of eligibility to apply for the MRCGP [INT.] South Asia exam.

I wish him/her success in future.

I would be happy to respond to any query in this regard.

Dr. Lakshman Das

Senior General Practitioner

Medical License registration number

Cell Number

STAMP

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