

Date: <**CURRENT DATE**>

“On Department / Institute letterhead”

Standard Format for Neurosurgeons in Training:

This is to state that Dr. <**NAME OF THE DOCTOR**> is a registered candidate for Neurosurgery Residency/ training under my tutelage/ University <**State the Name of the University**>. He/She possesses good calibre and proficiency in becoming a meritorious and insightful Neurosurgeon

(Stamp / Signature of Prof. & Date with Name)