To,

**The Organising Team**AESURG 2026

**Sub: Application to avail residential package for AESURG 2026**

Dear Madam / Sir,

This is to certify that Dr. ………………………………………………………………………………………………………………………

is working as plastic surgery resident under me at ……………………………………………………………………………..

Hospital since …………………………………………………………………….

Kindly allow him/her to avail residential package for AESURG 2026.

Thanking you,

**HOD, Plastic Surgery**

…………………………………………………………………………………………………… (Name of the teaching institution)