

EXPERIENCE CERTIFICATE

(Certificate to be issued by the Government Medical Officer/Medical Superintendent concerned)

This is to certify that Sri/Kum/Smt.....
has worked/ has been working as.....in.....
.....

Name of the Institution	Rural/Urban/Tribal	Working/Worked period		Break of service if any	Reasons for break in service if any
		From	To		

I hereby declare that:

1. The services of the above candidate working/worked on Contract/Outsourcing basis during the above period are Satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the above period of contract/outsourcing services.
3. She is eligible for contractual/outsourcing service weightage as per the rules published in the notification.

Station:

Signature of the Medical Superintendent/
Medical Officer

Date:

//Countersigned by //

D.C.H.S/DM&HO/GGH