

SERVICE CERTIFICATE OF CONTRACT / OUT SOURCING
UNDER NATIONAL HEALTH MISSION

This is to certify that Sri./Smt./Kum. _____

S/o./D/o. _____ has worked / has been working as

_____ At _____

_____ Under Contract/ Outsourcing basis.

Name of the Institution	Rural / Urban / Tribal	Working / Worked Period		Break of service if any	Total Service as on 12-12-2025			Reasons for break in service (if any)	Charges/ Allegations / Adverse Remarks if any
		From	To		Y	M	D		

I hereby declare that:

1. The services as _____ Working on Contract/outsourcing basis during the above said period are satisfactory.
2. He / She does not have any adverse remarks from his/her superiors during the period of Contractual service.

Station:

Date:

DIST. MEDICAL & HEALTH OFFICER

Note: The attested copy of appointment order must be enclosed along with this Service Certificate, otherwise the weightage for Contract / Outsourcing will not be considered for final merit list.