

**ANNEXURE-I**

**Certificate to be issued by the Controlling Officer concerned.**

This is to certify that Dr. \_\_\_\_\_ S/o., D/o.  
\_\_\_\_\_ working in ( \_\_\_\_\_

Name of the institution) on contract basis. The details of his/her service are as follows.

Name of the Institution	District (Previous i.e. Old)	District (Present i.e., New)	Working Period		Tribal/Rural/Urban	Reasons for break in service if any
			From	To		

I hereby declare that:

- (1) His/Her services as Lecturer during the contract period are satisfactory.
- (2) He/She does not have any adverse remarks from his/her superiors during the period of contract service as Lecturer.

Date:  
Place:

Signature of Controlling Officer  
With stamp and seal

**ANNEXURE-I**

**Certificate to be issued by the Controlling Officer concerned.**

This is to certify that Dr. \_\_\_\_\_ S/o., D/o.  
\_\_\_\_\_ working in (\_\_\_\_\_

Name of the institution) on contract basis. The details of his/her service are as follows.

Name of the Institution	District (Previous i.e. Old)	District (Present i.e., New)	Working Period		Tribal/Rural/Urban	Reasons for break in service if any
			From	To		

I hereby declare that:

- (3) His/Her services as Medical Officer during the contract period are satisfactory.
- (4) He/She does not have any adverse remarks from his/her superiors during the period of contract service as Medical Officer.

Date:  
Place:

Signature of Controlling Officer  
With stamp and seal