

**SERVICE CERTIFICATE**

This is to certify that Dr. \_\_\_\_\_ S/o, D/o, W/o. \_\_\_\_\_

is working as \_\_\_\_\_ under the control of (HOD) \_\_\_\_\_.

The details of service:

Name of the Institution/ Place of working	District & State	Working Period		Tribal/Urban/Rural	Reasons, if service break
		From	To		

I hereby declare that:

1) His/Her services \_\_\_\_\_ is satisfactory.

2) He/She does not have any adverse remarks from his or her superiors during the period of Contract Service as \_\_\_\_\_

Date:

Place:

Signature of the  
Regional Officer/  
District Officer  
(With office stamp)