## <u>SERVICE CERTIFICATE OF CONTRACT / OUT SOURCING</u> <u>UNDER NATIONAL HEALTH MISSION</u>

This is to certify that Sri./Smt./Kum.								
\$/o./D/o		has	worked	/	has	been	working	as
	At							

\_Under Contract/ Outsourcing basis.

Rural / Urban / Tribal	Working / Worked Period		Break of service if anv	Total Service as on 08-12-2023			Reason s for break in	Charges/ Allegations /Adverse Remarks if
	From	То		Y	М	D	service (if any)	any
	Urban /	Urban / Wor Tribal Per	Urban / Worked Tribal Period	Rural /Working /ofUrban /WorkedserviceTribalPeriodif any	Rural /Working /ofTotal SUrban /Workedserviceon 08TribalPeriodif any	Rural /Working /ofTotal ServiceUrban /Workedserviceon 08-12-202TribalPeriodif any	Rural /Working /ofTotal Service asUrban /Workedserviceon 08-12-2023TribalPeriodif any	Rural / Urban / TribalWorking / Worked Periodof service if anyTotal Service as on 08-12-2023s for break inFromToYMDservice

## I hereby declare that:

1.	The	services	as			Working	on
	Contract/outsourcing		basis	during the	above said	period are	
	satisfac	ctory.					

2. He / She does not have any adverse remarks from his/her superiors during the period of Contractual service.

<u>Station</u>: <u>Date</u>:

## 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.