

Annexure A

Format for Service Certificate

No. _____

Dated: _____

Forwarded in original to the Director Principal, Govt. Medical College, Circular Road, Amritsar for information and necessary action.

Certified that Dr. _____ S/o/D/o Sh. _____ having Service No. _____ is presently working as _____ in the _____ Amritsar He/ she has served the State Govt. as under:-

- a) On Adhoc from _____ to _____
 - b) On Regular from _____ to _____
 - c) Total Adhoc service Year Month Day
 - d) Total Regular service Year Month Days
 - e) Total Rural service Year Month Days
 - f) Total Service Year Month Days
 - g) E.O.L./ absent Year Month Days
- (Period if any)

(Please fill all the columns)

Particulars given above have been verified from the service record/ service book maintained in this office.

Signature and Stamp of the Controlling Authority