

**APPENDIX – I**

**SERVICE CERTIFICATE**  
**(Including the leave period)**

Certified that Dr. \_\_\_\_\_ is now working as \_\_\_\_\_ (designation) in the Medical Institution(s) detailed below (as per entry in service book / service record), excluding the total period leave availed by him / her in excess of one month in a year.

**A. Details of Institution Served:**

<b>Name of the Medical Institution (s)</b>	<b>Block</b>	<b>Nature of Service (Adhoc / Temporary / Contractual / Regular)</b>	<b>Date of Joining</b>	<b>Date of Relief</b>

**B. Details of Leave Period of more than at a stretch leave of 30 days or more excluding maternity leave.**

<b>Name of the Medical Institution (s)</b>	<b>Block</b>	<b>Nature of Service (Adhoc / Temporary / Contractual / Regular)</b>	<b>Date on which proceeded on leave</b>	<b>Date of Joining</b>

**Place:**

**Date:**

**Signature of C.D.M.O. / Head of the office**

**(Name)**

**Seal**