

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), excluding the total period leave availed by him / her in excess of one month in a year.

A. Details of Institution Served:

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

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

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

Place:

Date:

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

(Name)

Seal

APPENDIX – II

FORM NO. III

(The Odisha Miscellaneous Certificate Rules, 1984)

Office of the _____
Miscellaneous Certificate Case No. _____ of _____.

RESIDENT / NATIVITY CERTIFICATE

This is to certify that Shri / Smt. / Miss _____
son / daughter / wife of Shri _____ is
a native of the Dist of _____ in the **State of Odisha** and he / she /
his / her family ordinarily resides in Village / Town:

P.S: _____
Tahasil _____ in the District of _____ in the
state of Odisha, for the period from _____ to _____.

The certificate is granted only for the purpose of

Full Signature of the Applicant

Date: _____

Signature of the Revenue Officer

Date: _____

Round Seal of the Office

Designation

(With Seal of the Office)

Note:

1. "Revenue Officer" means the Chief Officer-in-charge of Revenue Administration in the District, Sub-division or Tahasil and includes an Additional District Magistrate and Additional Tahasildar.
2. No part of the form should be mutilated in any manner. In case of mutilation the candidate is liable to be rejected.

APPENDIX – III

CERTIFICATE OF DEFENCE SERVICE (OF CANDIDATE'S PARENT / SPOUSE)

1. Full Name of Employee / Person :
2. Permanent Address as per service records :
3. Whether serving/ retired / deceased / permanently disabled / killed in war / hostilities
4. Rank in Defense Service :
5. Full Name of the Candidate :
6. Relationship of the employee / person with the candidate :
7. Present place of posting including details of unit (in case of serving personnel) :
8. Last place of posting including details of Unit (in case of retired / killed in war / hostilities / deceased personnel)
9. Duration of defense services: Yrs (From..... to.....)

Full Signature of Candidate's Parent / Spouse

Date: _____

Full Signature of Station
Commander/Office
Commanding/ Officer-in-
charge/Secretary Zilla/Rajya
Sainik Board
Date: _____

Designation
(With Office Seal)

APPENDIX – IV

SPONSORSHIP CERTIFICATE

This is to certify that Dr. _____
_____ whose
appointing authority is _____ and
who at present posted as (Designation) _____ at
(name of the Place) _____ has
been sponsored by (employing organization) _____
to take the course of studies leading to PG(MD/MS) Degree in _____ in the
_____, Medical College, _____, Odisha for a
period of three years subject to his/her eligibility for admission into the course. In case the
candidate takes admission the appointing authority shall be responsible for payment of
stipend/salary regularly

Place :

Signature of the Appointing Authority

Date :

Designation

Seal of the Office

APPENDIX – V

PG (MEDICAL /DENTAL) SELECTION – 20____ , ODISHA

MEDICAL CERTIFICATE

(Required at the time of admission)

Self attested
Photograph of the
candidate to be
pasted here

Certified that this day I examined _____

For physical fitness for MD/MS/M.D.S. Studies. The findings are as detailed below.

Name and Address:

1. Height (Not less than 150 cm for male & 140 cm for female candidates) : _____ cm
2. Weight (Not less than 40 Kg) : _____ Kg
3. (a) Chest measurement (Not less than 70 cm) : _____ cm
(b) Chest expansion (Not less than 4.5 cm) : _____ cm
4. Condition of Heart (Abnormality, if any) : _____
5. Conditions of Lungs (-do-) : _____
6. (a) Vision : In case of defective vision it must be corrected to
6/9 in both eyes or 6/6 in the better eye. : _____
(b) Colour Blindness : _____
7. Hearing (whether normal, where defective it must be corrected) : _____
8. Blood Group : _____
9. Hernia, Hydrocele and piles (if any, to be corrected before joining) : _____
10. History / Symptom of Epileptic fits, if any : _____
11. History / Symptom of Mental disease, if any : _____
12. Orthopaedic defects, if any : _____

Remarks: The Candidate has fulfilled (fit) / not fulfilled (unfit) the prescribed standards as stipulated in this form for MD/MS/M.D.S. studies.

Full Signature of the Candidate

Signature of Government Medical Officer (Not
below the rank of Sub-Divisional Medical Officer)
with Regn. No. & Seal

Date : _____

Date : _____