ANNEXURE-A

POST-PG-BOND SERVICE CERTIFICATE

Certified that, Dr._____, bearing NEET Roll No_____ of _____ (Batch) has passed MD/MS/MDS in _____ (Broad discipline name) from _____ (Name of the MCH from which passed) and completed MD/MS/MDS on _____ (Passed out date) and result was published on _____ (Result publication date) vide Notification No_____ Dated_____. He has worked in the following Medical Institution(s) as detailed below, as pa part of Post PG Bond Service.

Details of Institution(s) Served (in chronological order)

Reference order No and Date	Name of the Institution for Post PG deployment	Type of Institution (Host Institution-MCH (or) Periphery deployment-DHH)	Date of Joining (From date)	Date of Relief (To date)

Details of Leave Period (in chronological order)

Reference order No and Date	Name of the Institution for Post PG deployment	Type of Institution (Host Institution-MCH (or) Periphery deployment-DHH)	Date on which Proceeded on leave	Date of Joining after completion of leave	Type of leave (Maternity / Others mention

This certificate is being issued for the purpose of issue of Post PG Bond Certificate.

Signature of Dean & Principal
With Stamp / date