| • |
|---------------------------------------------------------------------------------------------------------------|
| Contract/ OutSourcing Service Certificate |
| (Certificate to be issued by the Controlling Officer concerned DCHS/ DM&HO/ any other Appointing Authority) |
| Tollies Collegined DCHS/ DM&HO/ and add |
| Authority) Any other Appointing |
| Inis is to certify that |
| working as |
| Central Govt., Institution at on Contract/ Out- Sourcing basis with the |
| |
| Financial concurrence of the Government of AP/ Central Govt., The details of his/her |
| dovernment of AP/ Central Govt., The details of his/hor |
| contract/ Out Sourcing Sonder as an oa oa access |

| Name of the | Sourcing Servic | e as on 02.01.2022 a | Reasons for break in | Whether there is financial | Allegations/Adverse |
|-------------|-----------------|----------------------|----------------------------|-----------------------------------|---------------------|
| Institution | | Period | service (if any) | concurrence for recruitment | Remarks if any |
| | | | | | |

I hereby declare that,

- His/her services as On contract/Outsourcing basis during the above said period are Satisfactory.
- He/She does not have any adverse remarks from his superiors during the period of Contract/ Out Sourcing Sevice.
- 3. He/She is eligible for Contract/ Out Sourcing Service Weight age as per the rules..

Station:

Date :

Signature Seal of the Medical officer (DCHS/DmHo/any other competent District Authority who appointed the applicant)

Imp. Note:

The attested copy of appointment order and service certificate must be enclosed by the Contract/outsourcing 7 COVid (Go. No: 211) employee along with the application form for weight age calculation.