

ANNEXURE - X

**SERVICE CERTIFICATE TO BE CONSIDERD FOR P.G.MEDICAL SELECTION.
AS PER GOVERNMENT ORDERS**

SERVICE ELIGIBILTY CERTIFICTE

This is to certify that Dr. _____ Son/Daughter of _____ is in service and working as _____ under the administrative control of _____ He/She is already having _____

P. G. Diploma (Specify the speciality- If no information write Nil). He/ She is eligible under Service Quota for Selection in to any PG Degree / Diploma (Strike off the one not applicable) admission into P. G. Medical Courses for the year 2024-25 as per orders of Govt. of TG. Vide G.O.Ms .No.155 HM & FW (C1) Dept, Govt. of Telangana , Dated 18-11-2021. His/her date of birth is..... and he/she is having the requisite minimum 5 years leftover period of service after completion of the course

SERVICE AS ON 30-09-2021.

1) Tribal Service – Years:	Months	Days
2) Rural Service –Years:	Months	Days

{SEAL}

Date

(DME/DH/Commissioner VVP)

Signature of

HOD