

DR.Y.S.R. URBAN HEALTH CLINICS – 2021-22
UNDER NATIONAL HEALTH MISSION
CERTIFICATE OF CONTRACT /OUT SOURCING SERVICE

This is to certify that Sri./Smt./Kum. _____

S/o./D/o. _____ has worked / has been working as

_____ at _____

_____ under Contract/Outsourcing basis.

Name of the Institution	Rural / Urban / Tribal	Working / Worked Period		Break of service if any	Total Service as on 22-09-2021			Reasons for break in service (if any)	Charges/ Allegations / Adverse Remarks if any
		From	To		Y	M	D		

I hereby declare that:

1. The services as _____ working on contract/outsourcing basis during the above said period are satisfactory.
2. He/She does not have any adverse remarks from his/her superiors during the period of Contractual service.

Station:

Date:

SIGNATURE OF THE MEDICAL OFFICER

D.P.O.,

D.P.M.O.,

DIVISIONAL OFFICER

DIST. MEDICAL & HEALTH OFFICER