CERTIFICATE OF SERVICE AND ELIGIBILITY CERTIFICATE (FOR CLAIMING INCENTIVE MARKS FOR IN SERVICE CANDIDATES)

| Certifie | d that Dr | | | S/o, D |)/o | | Service | | |
|-----------|--|---|--------------------------|-------------|------------|---------------------------|---|--|--|
| No | | _ Presently pos | ted at | | has joined | | | | |
| PCMS s | ervice on | and | done rura | l service a | ıs under: | | | | |
| | PARTIC | CULARS OF SERV | ICE FOR C | LAIMING | BENEFIT | | | | |
| S. No. | Name of Dispensary/ | / Designation | Period of service | | | | Category | | |
| | Hospital | | From | То | Total | Number | (C or D) | | |
| | | | | | of I | Months | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Total rural service upto 3 | | | | | | | | |
| Sr. N | lo Partic | In Months | | | | | | | |
| 1. | Total Service in "other | Total Service in "other rural area" (Category C) upto 31.03.2024. | | | | | | | |
| 2. | Total Service in "diffic 31.03.2024. | Total Service in "difficult rural area" (Category D) upto 31.03.2024. | | | | | | | |
| 3. | Total Rural Service | | | | | | | | |
| | Certified that the aforement the terms & conditions of the Service Candidate. | | | | • | dmission to | PG courses as | | |
| | | | | | Princip | tendents o oal Govt. M | eon concerned/ f ESI Hospitals/ ledical College/ Velfare, Punjab | | |
| | Adhoc service rendered in stipulated period. Certifica Punjab under his/her coproceeding are pending a | ate for Adhoc ser own signatures | vice shoul indicating | d only be | issued by | Director, I | Health Services, | | |

(Compulsory for in service candidates only)

UNDERTAKING

| | | | | | | Self attested recent photograph | |
|-----------|--|---------------------|-------------------|-----------|-----------------|---------------------------------------|----|
| I, Dr. | | S/o, | D/o | | | Servi | ce |
| | at | | | m | | | |
| and de | clare as under:- | | | | | | |
| 1. | That I am a Citizen of India | ı. | | | | | |
| 2. | That I have joined PCMS s | ervice on | | - | | | |
| 3. | That I have done service a | s under : | | | | | |
| S. No. | Name of Dispensary/ Hospital | Designation | Period of service | | | Category | |
| | | | From | То | Total service | (C or D or other) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. 5. | That no departmental/vig That in case the informa later stage, my admission notice. | tion/certificate fu | rnished by | me in thi | s regard is fou | | |
| Place:_ | | | | | | | |
| Date: _ | | | | | | Signatu | re |