

ANNEXURE - III B

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

SERVICE ELIGIBILTY CERTIFICTE

This istocertify that Dr. _____ Son/Daughter of _____ is
inserviceandworkingas _____ undertheadministrativecontrolof _____
_____ He/She is already having _____

P. G. Diploma (Specify the speciality- If no information write Nil). He/ She is eligible under
ServiceQuota forSelectionintoanyPGDegree / Diploma (Strike off the one not applicable)
admissioninto 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}

Signature of

Date

HOD

(DME/DH/Commissioner VVP)