ANNEXURE III-A
APPLICATION FOR EXPERIENCE CERTIFICATE FOR CONTRACT/OUTSOURCED EMPLOYEES

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o, D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have worked as
Contract/Outsourced employee in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
hospital/institution/programme, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district from
(Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This experience is after I have acquired the postgraduate/specialty qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I request you to kindly issue experience certificate for the purpose of weightage in recruitment in
government service as per Notification No.4/2025 issued by MHSRB.

Enclosures: Supporting documents (Give details)

(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To
(Address of competent authority) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNEXURE III-B
EXPERIENCE CERTIFICATE (CONTRACT)

O/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Competent Authority)

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/o / D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
has worked as contract employee in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district
from (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This experience is after the postgraduate/super specialty qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
acquired by the individual.

This certificate is issued for the purpose of weightage points for contract experience for
the posts of Civil Assistant Surgeon Specialist as per Notification 4/2025 issued by MHSRB.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Name & Seal of Competent Authority)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To
(Name & Address of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANNEXURE III-C
EXPERIENCE CERTIFICATE (OUTSOURCED)

O/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Competent Authority)

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sri. S/o / D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
has worked as outsourced employee in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district
from (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, outsourced from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agency.

This experience is after the postgraduate/ super specialty qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acquired by the individual.

This certificate is issued for the purpose of weightage points for contract experience for
the posts of Civil Assistant Surgeon Specialist Notification 4/2025 issued by MHSRB.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Name & Seal of Competent Authority)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To
(Name & Address of applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_