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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_