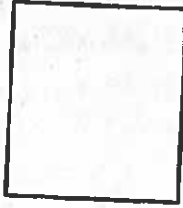


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Format of the Certificate Regarding Medical Officer posted in Remote and Difficult Areas in Jharkhand State

This is to certify that Dr. _____ Son /
Daughter of Sri / Smt. _____ is / was working as
Medical Officer on contract / regular basis from date _____ to date _____
(total period _____) at (Name of Place APHC / PHC / Referral
Hospital / Sub-divisional Hospital / Sadar Hospital) _____
District _____ which comes under remote and difficult area of the
State of Jharkhand.

Signature of concerned Civil
Surgeon with Seal / Date



Affix a photo which should be duly
attested by the MO I/C of concerned Hospital

Note :- संकल्प सं०-154 दिनांक 11.04.16 के अनुसार एम०सी०आई० के द्वारा अंकित
प्रावधान के आलोक में पी०जी० डिप्लोमा कोर्स में नामांकन के उद्देश्य से झारखण्ड नगरपालिका
अधिनियम, 2011 के तहत नगर मिगम/नगर परिषद/नगर पंचायत को छोड़ कर शेष क्षेत्र को
सुदूर एवं दुर्गम क्षेत्र (remote and/ or difficult areas) घोषित किया गया है।

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