

ANNEXURE - III B

**SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL/DENTAL
SELECTION AS PER GOVERNMENT ORDERS**

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____
_____ is in service and working
as _____ under the administrative
control of _____, He/She is already
having _____

P.G. Diploma (Specify the specialty-If no information write Nil). He/She is eligible
under Service Quota for selection into any PG Degree / Diploma (Strike off the one
not applicable) admission into P.G. Medical/Dental Courses for the year 2025-26 as
per orders of Govt. of T.S. vide **G.O.M.s.No.155 HM&FW (C1) Dept., Dated: 18-11-
2021, Govt. of Telangana**, His / Her date of birth is _____ and he / she
is having the requisite minimum 5 years of left over period of service after completion
of the course.

SERVICE AS ON 31- 08-2025.

Type of service	Place of Service	Service		Total Period of Service
		From:	To:	
1) Tribal Service:		DD/MM/YY	DD/MM/YY	
2) Rural Service:		DD/MM/YY	DD/MM/YY	
3) Other Service:		DD/MM/YY	DD/MM/YY	

Signature of HOD

(SEAL)

Date: