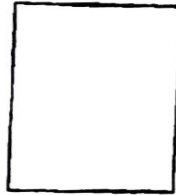


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**Format of the Certificate Regarding Medical Officer posted in Remote and Difficult Areas in Jharkhand State**

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 निगम/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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