

"APPENDIX-III  
(See rule 5(A) (ii))

## Certificate

This is to certify that Dr..... has been working/ has worked in (Name of the Dispensary/ Hospital/Health Establishment)..... situated at (Name of the village)..... in the District of....., Assam from .....to..... as the (Name of the post) .....for a period of ..... years.....months.....days, continuously and satisfactorily. The village where he/she has worked is situated at a distance of .....K.M. from ..... (Name of the nearest town) which is / is not a notified town/urban area.

Director of Health Services , Assam /  
Director of Health Services (FW), Assam /  
Joint Director of Health Services,.....