

## ANNEXURE 3

### FORMAT OF SPONSORSHIP CERTIFICATE

#### SPONSORSHIP CERTIFICATE

(Applicable only in case of candidates who are sponsored/deputed)

**Note: Sponsorship for Private Hospitals/Colleges/Institutes/Nursing Homes etc. is not accepted**

This is to certify that Dr./Mr./Ms. .... son/daughter of Shri ..... is an employee of the Govt. Deptt./ Medical College since ..... (Date) and has three Years of service on or before 30<sup>th</sup> June for July session and 31<sup>st</sup> December for January session.

Please tick on the type of Institution/Department sponsoring/deputing the candidate:

- a. Central Government
- b. State Government
- c. Autonomous Body of Central Government
- d. Autonomous Body of State Government
- e. Public Sector Undertaking
- f. Govt. Medical College/Hospital affiliated to a University and recognized by Medical Council of India

Certified that if selected for the course applied for by the applicant, he/she will be suitably employed by us after the completion of his/her training course to work for at least five years in the specialty in which the training is received by him/her at PGIMER, Chandigarh.

Certified that no financial implication in the form of emoluments/stipend etc. will devolve upon PGIMER, Chandigarh during the entire period of applicant's course. Such payment will be the responsibility of sponsoring/deputing authority.

Date .....

Place .....

Signature of sponsoring/deputing

authority with official seal