

ANNEXURE – XI

RURAL AREA SERVICE CERTIFICATE

Certified that Dr. _____ son/daughter of Shri _____ Registration No. _____ has served or carried on private practice in the following place(s) during the period indicated against each:

Place	Period					
	From			To		
	Days	Months	Years	Days	Months	Years

Certificate that the above mentioned place comprises a village or a Primary Health Centre of town with population of less than 5000 and without a municipal area.

Date: _____

(Signature of the Distt. Magistrate with seal)

Station: _____