

Service Verification Certificate for selection of Nurse Mentor Position under NHM, UP

This is to certify that (Name of Candidate) _____ has been working (Department/ Program Name) and the Present details of his/her employment are as under:

1.	Manav Sampada ID No.	
2.	Employment Type (Regular / Contract)	
3.	Present Department (DGMH / DGFW / NHM)	
4.	Present Program (Under NHM, UP)	
5.	Present Position	
6.	Present District	
7.	Present Block	
8.	Date of Joining	
9.	Current Salary	

Signature & Seal

Chief Medical Officer

District:

Date: