

ANNEXURE - I

**FORMAT FOR DETAILS OF CONTRACT SERVICE RENDERED BY
CIVIL ASSISTANT SURGEON SPECIALISTS**

Contract Appointment Details:

Name of the Contract Specialist Doctor	
Specialty	
Date of Birth	
Number and date of CAS(Specialist) Notification	
Whether services terminated on disciplinary grounds or any other reason	

Posting History ;

Sl. No.	Name of the place of Posting with Mandal & District	Location of Institution (Rural /Urban /Tribal)	From	To	Gap period if any (From – to)	Reasons for the break period

Total countable period of contract services rendered ..
(excluding gap period) (YY / MM)

Certified that all the above particulars furnished after due verification with all available records including pay bill register

Date :

Place :

**Signature of Controlling
Officer(DCHS/Supdt. of
DHH/DM&HO/Supdt.of
Teaching Hospitals/Principal
of Medical College)/
concerned Controlling
Authority
with stamp and seal**

Dated signature of the Head of the
Medical Institution/Head of the Office
with stamp and seal