

**EMPLOYER'S CERTIFICATE FORM
FOR
CANDIDATES WHO ARE IN SERVICE**

I am forwarding, herewith, the application for admission to the Super-Specialty (DM/ M.Ch) course in _____ in respect of Dr./Mr./Ms. _____ who is a full-time employee in this organization w.e.f. _____ and has been working as _____ (designation) and his/ her emoluments, including D.A., C.C.A. and H.R.A. etc. are ₹ _____ per month.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full-time/regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated: _____

Signature of the Officer
Name and Designation with Office Seal