ANNEXURE- III A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr._____Son/Daughter of _____ is in service and working as_____under the administrative control of _____have put up the following service as on 30-09-2026

1. Tribal Service : Years Months Days
2. Rural Service : Years Months Days
3. Other Service : Years Months Days

I do hereby declare that I do not have any Post Graduate Degree or Diploma / I have a Post graduate Degree/Diploma in _____(Specify the subject). I satisfy the definition of "In service candidate" as per G.O. Ms. No.155, HM&FW (C1) Dept., Govt. of Telangana, Dated: 18-11-2021.

My Date of Birth is_____and I am having the requisite period of 5 years leftover service after completion of the course to serve the Government. If this declaration is found to be incorrect and false I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date: **Signature of the candidate**

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - III B

SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION AS PER GOVERNMENT ORDERS

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr._____Son/Daughter of_____ _____is in service and working as_____under the administrative control of_____. He/She is already having _____

P.G. Diploma (Specify the specialty-If no information write Nil). He/She is eligible under Service Quota for selection into any PG Degree / Diploma (Strike off the one not applicable) admission into P.G. Medical Courses for the Academic year 2026-27 as per orders of Govt. of T.S. vide **G.O.M.s.No.155 HM&FW (C1) Dept., Dated: 18-11-2021, Govt. of Telangana,** His / Her date of birth is_____and he / she is having the requisite minimum 5 years of left over period of service after completion of the course.

SERVICE AS ON 30- 09-2026.

Type of service	Place of Service	Service		Total Period of Service
		From:	To:	
1) Tribal Service:		DD/MM/YY	DD/MM/YY	
2) Rural Service:		DD/MM/YY	DD/MM/YY	
3) Other Service:		DD/MM/YY	DD/MM/YY	

Signature of HOD

(SEAL)

Date: