Experience Certificate

To Whom It May Concern

In pursuance of Mizoram Health Service (Amendment) Rules 2017, Schedule – III Sl.No. 3 (2), I hereby certify that Mr./Ms. _____ serving under _____ and presently posted as _____ at _____ has acquired experience in (as prescribed under Schedule IV of MHS (Amendment) Rules, 2017) _____for the period _____ to _____.

Immediate Controlling Officer

Signature:

Name:

Designation:

Name of Office with Seal: