Annexure A

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER (A)

(only for in-service sponsored candidates)

1. Certified that Dr. (Mr./Miss/Mrs.): ..... is sponsored for undergoing Post Graduate training leading to the award of MD/MS at the (please tick appropriate option) Regional Institute of Medical Sciences, Imphal/Jawaharlal Nehru Institute of Medical Sciences/ Shija Academy of Health Sciences for the academic session 2026-27. He/She will be relieved, if selected, within the prescribed time as notified by the University, subject to fulfilment of the relevant State guidelines.

2. Dr. .....
is a permanent employee of ..... w.e.f.....

3. The candidate shall not be paid any emolument by the Institute during the entire training period. Such payment will be borne by the sponsoring authority.

4. **Statement of Service in Remote / Difficult Areas (if applicable)**
(Enclose self-attested copies of the Certificate for service in Remote / Difficult area issued by the Competent Authority)
I hereby declare that I have served in remote / difficult areas for the period specified below, for the purpose of claiming incentive weightage in marks for postgraduate admission, as per the applicable rules:

Sl. No	Place of Posting (defined as remote and difficult areas by the Competent Authority)	From (Date)	To (Date)	Total Period of Service	Incentive Marks: 10% for each year (Max. 3 years)

Signature: .....
(sponsoring authority)

Name: .....
(In block letters)

Designation: .....

Place: .....

Dated: .....

Organization: .....
(with office seal)

Annexure A

Please Note:

i) **Candidate who is appointed on contract or adhoc basis shall not be considered under the In-service Sponsored category.**

ii) **Only the above certificate duly signed by the "Sponsoring Authority" will be considered.**

iii) **No addition or alteration in the above certificate is allowed.**

iv) **The sponsoring authority means the appointing authority unless otherwise stated.**