

**CERTIFICATE**

Certified that while proceeding on Earned Leave/Commuted Leave/Half Pay Leave for \_\_\_\_\_ Days from \_\_\_\_\_ to \_\_\_\_\_ I relinquished the charge of the post of \_\_\_\_\_ \_\_\_\_\_ National Centre For Diseases Control, Delhi on the \_\_\_\_\_ afternoon/forenoon of \_\_\_\_\_.

Delhi

Signature \_\_\_\_\_

Dated

Name \_\_\_\_\_

Designation \_\_\_\_\_