

PROFORMA FOR APPEAL
(TREATMENT ORGANISER GR.I)

1	Name & PEN Number	
2	Designation	
3	Present Station & District	
4	Date of Birth	
5	Qualification	
6	Details of Regular appointment (If more than one PSC appointment last PSC advice No & Date should be noted)(Attach Copies) c) Appointment order No &Date (Attach Copies)	
7	Date of Entry in Service	
8	IDT details District	
9	Details of LWA if any	
10	Order No& Date of Declaration of Probation and Date of Effect of Probation(attach copies)	
11	Promotion details(attach Copies)	
12	Date of effect of promotion as Treatment Organiser Gr.1	

13	Date of joining as Treatment Organiser Gr.1	
14	Rank No in the seniority list of Treatment Organiser Gr. II (Period of seniority list should be noted)	
15	Rank in No in the Preliminary Seniority list of Treatment Organiser Gr.1	
16	Reason for appeal	
17	Any other relevant information	
18	Mobile No.	

Signature of the incumbent

Certified that the service particulars furnished above are verified with respective service register and relevant records and found correct.

Signature of the Head of the Institution

Counter signature of DMO (H)