

APPEAL PROFORMA

Category:- Optometrist Grade II

I	General Details		
	a)	Name (In Capital)	:
	b)	PEN No.	:
	c)	Designation	:
	d)	Present Station	:
	e)	Date of Birth	:
	f)	General Education & Qualification	:
II	If Appointment through PSC		
	a)	PSC Advice No. Date & Name of Dist. (If more than one PSC appointment, the last PSC Advice No. & Date should be noted)	:
	b)	Appointment Order No and Date (Copy of order should be attached)	:
III	Service Details		
	a)	Date of joining in the entry cadre	:
	b)	Whether availed extension of joining time if so	:
		i) Period	:
		ii) Date of joining duty	:
	c)	Details of declaration of probation, if declared, (Order No, Date and date of effect of probation) (Copy should be attached)	:
	d)	Whether availed inter district transfer	:
		If so	
		i) Order No & Date of DHS	
		ii) Dist. To which transferred	
		iii) Date of joining in the new district	

	e)	Whether availed LWA if so,	:	
		i) Period of LWA (from....to)	:	
		ii) Sanction order No & Date	:	
		iii) Date of rejoining after LWA	:	
IV	d)	<i>Whether secured 2nd PSC appointment if any so</i>		
		i)	2 nd PSC advice No.& Date	
		ii)	Appointment order No. (Copy should be attached)	
		iii)	Date of joining duty	
V	i	Any other Remarks	:	
	ii	Mobile No		
VI		Reason for Appeal with copies of necessary documents		

Signature of the incumbent:

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

Signature of the Head of Institution

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

**Name & Signature of Section
Clerk, DMO Office**

**Name & Signature of Administrative Assistant
DMO Office**

Office seal