

ANNEXURE 11

Name of Specialty:

**Proforma to be Submitted by the Medical Officer for placement as Junior
Consultant**

1	Name in English	
	In Malayalam	
2	PEN	
3	Designation	
4	Present Station	
5	Residential Address with Contact No.	
6	Date of entry in Health Service Department	
7	Date of acquiring PG Degree	
8	Year in which specialty cadre is opted	
9	Details of Probation	
10	Remarks, if any	

(Signature)

Signature

Head of Institution

Counter signed by

District Medical Officer