

ANNEXURE -B

PROFORMA FOR REPRESENTATION

NAME OF SPECIALITY :

1	Name 1) English (In Capital) 2) Malayalam	:	:
2	PEN	:	:
3	Date of Birth	:	:
4	Date of entry in service	:	:
5	Present post	:	:
6	Name of Speciality	:	:
7	Present Station with District	:	:
8	Order and date in which promoted as Consultant	:	:
9	Date of joining in the promoted post	:	:
10	Order No. and date of declaration of probation in the cadre of Consultant	:	:
11	Effective date of declaration of probation	:	:
12	If not declared the probation in the cadre of Consultant, furnish the reason	:	:
13	Reason for representation. Attach separate sheet, if necessary	:	:
14	Other relevant information	:	:
14	Mobile Number	:	:

I certify that the service particulars furnished above are true to the best of my knowledge.

Dated signature of Medical Officer

Signature of Head of Institution

Counter signature of District Medical Officer of Health

Place:

Date: