

ANNEXURE -B
PROFORMA FOR REPRESENTATION

NAME OF SPECIALTY :

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 Specialty	:	
7	Present Station with District	:	
8	Order and date in which promoted as Senior Consultant	:	
9	Date of joining in the promoted post	:	
10	Order No. and date of declaration of probation in the cadre of Senior Consultant	:	
11	Effective date of probation	:	
12	If not declared the probation in the cadre of Senior Consultant, furnish the reason	:	
13	Reason for representation (Furnish details with supporting documents and attach separate sheet if necessary)	:	
14	Other relevant information	:	
14	Mobile Number	:	

Certified 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: