

ANNEXURE -B

PROFORMA FOR REPRESENTATION*(The field that is applicable only needs to be furnished)***NAME OF SPECIALITY :**

1	Name 1) English (In Capital) 2) Malayalam	:	
2	PEN	:	
3	Date of Birth	:	
4	Designation	:	
5	Name of Speciality	:	
6	Present Station with District	:	
7	Qualifications 1) General 2) Speciality 3) Additional, if any	:	
8	Details of Medical Officers placed in the Speciality cadre from General/ Administrative cadre.	:	
	I) Date of entry in HSD (General Cadre)	:	
	II) Year of option	:	
	III) Whether entered on LWA/ unauthorised absence before declaration of probation after opting the speciality cadre	:	
	IV) If answer is Yes in column No. III furnish the details of LWA/ unauthorised absence.	:	
	a) Nature of LWA	:	
	b) Period of LWA/unauthorised	:	
	c) Sanction order No. & Date for LWA/Regularizing order No. & Date for unauthorised absence	:	

	V)	Date of joining as fresh entrant as per column No. IV (Copy of reposting order as fresh entrant should be enclosed)	
	VI)	Placement order No. & Date as Junior Consultant (Copy of order should be enclosed)	
	VII)	Date of joining as Junior Consultant as per Column No. VI	
9		Whether entered on LWA/ unauthorised absence before declaration of probation after being placed as Junior Consultant	
	a)	If answer is Yes in column No. 9 furnish the details of LWA/ unauthorised absence.	
	b)	Nature of LWA	
	c)	Period of LWA/unauthorised	
	d)	Sanction order No. & Date for LWA/ Regularizing order No. & Date for unauthorised absence	
	e)	Date of joining as fresh entrant as per column No. 9 (Copy of reposting order as fresh entrant should be enclosed)	
10		For direct recruitment as Junior Consultant (PSC only)	
	a)	PSC Advice No. and date	:
	b)	Appointment Order No. & date (copy of order should be enclosed)	:
	c)	Date of joining duty as Junior Consultant (PSC)	:
	d)	Whether entered on LWA/ unauthorised absence before declaration of probation in the cadre of Junior Consultant (PSC).	:
11		If answer is Yes in column No. d (furnish the details of LWA/ unauthorised absence).	

	a)	Nature of LWA	
	b)	Period of LWA/unauthorised absence	
	c)	Sanction order No. & Date for LWA/ Regularizing order No. & Date for unauthorised absence	
		Date of joining as fresh entrant as per column No. 11 (Copy of reposting order as fresh entrant should be enclosed)	
12		Details of declaration of probation in the entry cadre (Assistant Surgeon/ Junior Consultant)	:
	a)	Order No. & date (copy of order should be attached)	:
	b)	Effective date of declaration of probation	
13		Reason for representation (Separate sheet may attach, if necessary)	:
14		Mobile Number	:

I Certify that the service particulars furnished above are true to the best of my knowledge, and I understand that if any of the above-furnished information is found incorrect in the future, my seniority position will be liable to be reassigned and I will lose all the service benefits acquired based on the incorrect information provided.

Dated Signature of Medical Officer

Signature of Head of Institution

Counter signature of District Medical Officer of Health

Place:

Date: