

Proforma for preparation of seniority list of L.D.Clerks who were appointed during the period from 01/01/2014 to 31/12/2016.

(The circular attached with this proforma should be read before filling up the same)

I General Details.

- a) Name (In Capital) :
- b) PEN No. :
- c) Designation :
- d) Present Station :
- e) Date of Birth :
- f) General Educational Qualification :

II If Appointment through PSC :

- a) PSC Advice No., Date and 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 If Appointment through Compassionate ground

- a) Government Order No & Date :
- b) Order No and Date of DHS (Copy of order should be attached) :
- c) DMO's Appointment Order No and Date (Copy of order should be attached) :
- d) Opted District :
- e) District to which allotted at first :
- f) Whether secured transfer to the opted District ? :

* IV If Appointment through Employment Exchange

a) Whether Handicapped/SC/ST/ any :
other ground

b) Government Order No & Date :

c) Order No & Date of appointing :
authority

V If Appointment through Inter Department Transfer

a) Government Order No & Date :

b) Order No & Date of appointing :
authority

c) Date of Joining in the Health :
Service Department

* VI 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 (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

[Note:- If an incumbent appointed through
dying in harness scheme and posted to other
district for want of vacancy in his opted district
and subsequently returned to his opted district
will not be treated as IDT]

e) Whether availed L W A, if so :

i) Period of LWA (from to) :

ii) Sanction order No & Date :

iii) Date of rejoining after LWA :

VII Details of Departmental Test

- a) MOP (Reg. No & Year of passing) :
- b) Account test (L) (Reg.No, Month & Year of passing) (Original & an attested copy should be submitted)
- c) Account test (H) (Reg.No, Month & Year of passing) (Original & an attested copy should be submitted)
- d) Temporary exemption, if any, :
from passing out the departmental test, if so specify the ground
- e) Any other relevant information :

VIII Mobile No.

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 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