

Appeal Proforma

I	General Details		
	a)	Name (In Capital)	:
	b)	PEN No.	:
	c)	Designation	:
	d)	Present Station	:
	e)	Date of Birth	:
	f)	General Education & Qualification	:
II	If Appointment through PSC		
	a)	PSC Advice No. Date & 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 & Date (Copy of order should be attached)	:
	d)	Opted District	:
	e)	District to which allotted 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	:
	e)	Whether availed LWA if so,	:
	i)	Period of LWA (from....to)	:
	ii)	Sanction order No & Date	:
	iii)	Date of rejoining after LWA	:

VII	d)	Whether secured 2 nd PSC appointment if any so		
		i)	2 nd PSC advice No.& Date	
		ii)	Appointment order No. (Copy should be attached)	
		iii)	Date of joining duty	
VIII		Reason for appeal		:
IX		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 the 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