

Proforma 1

From

Name :

Designation : Pharmacist Grade I

Institution :

To

Director of Health Services, Thiruvananthapuram,

District Medical Officer (H).....

(Through Proper Channel)

Sir,

As per Order No.EE4 - 6552/17/DHS dated 05/07/2018, I may be permitted to join duty as Pharmacist Grade I with effect from I do hereby declare that my present details noted in the said order are correct and I have read and understood the provision contained in the order and agree to abide by the conditions specified.

Yours faithfully

Signature of the Employee

Certified that necessary entries regarding the promotion to the post of Pharmacist Grade I in respect of Shri/Smt..... have been made in the Service Book (Page No.....) and the incumbent has joined duty on

Signature & Name of the Head of Office

(Office Seal)

Countersigned

District Medical Officer of Health.....