

**ANNEXURE 4**

**Name of Speciality:**

**Proforma to be Submitted by the Medical Officer attending the counselling for placement as Junior Consultant**

1	Name in English In Malayalam	
2	Designation	
3	Present Station	
4	Residential Address with Contact No.	
5	Date of entry in Health Service Department	
6	Date of acquiring PG Degree	
7	Name of Speciality Cadre opted	
8	Year in which speciality cadre is opted	
9	Whether Provisionally posted in speciality cadre	
10	If yes, Order No. & date of posting and station to which posted	
11	Details of Probation	
12	Remarks, if any	

Signature

(Signature)

Head of Institution

Counter signed by  
District Medical Officer

**For office use only**

Name of Station opted:

Name of station allotted:

(Signature of Medical Officer)

**Director of Health Services**

Place:

Date: