

ANNEXURE 10

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)

Place:

Director of Health Services

Date: