

ANNEXURE II

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	PEN No.	
3	Designation	
4	Present Station	
5	Residential Address with Contact No.	
6	Date of entry in Health Service Department	
7	Date of acquiring PG Degree	
8	Name of Speciality Cadre opted	
9	Year in which speciality cadre is opted	
10	Whether Provisionally posted in speciality cadre	
11	If yes, Order No. & date of posting and station to which posted	
12	Details of Probation	
13	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: