

ANNEXURE 11

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

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 Degree	
8	Details of Probation	
9	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: