

**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<br>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: