

Appeal Proforma

I	General Details		
	a)	Name (In Capital)	:
	b)	PEN No.	:
	c)	Designation	:
	d)	Present Station	:
	e)	Date of Birth	:
	f)	General Education & Qualification	:
II	If Appointment through PSC		
	a)	PSC Advice No. Date & Name of Dist. (If more than one PSC appointment, the last PSC Advice No. & Date should be noted)	:
	b)	Appointment Order No and Date (Copy of order should be attached)	:
III	If appointment through Compassionate ground		
	a)	Government Order No & Date	:
	b)	Order No and Date of DHS (Copy of order should be attached)	:
	c)	DMO's Appointment Order No & Date (Copy of order should be attached)	:
	d)	Opted District	:
	e)	District to which allotted first	:
	f)	Whether secured transfer to the opted District	:
IV	If appointment through Employment Exchange		
	a)	Whether Handicapped/SC/ST/any other ground	:

	b)	Government Order No & Date	:	
	c)	Order No & Date of appointing authority	:	
V	If appointment through Inter Department Transfer			
	a)	Government Order No & Date	:	
	b)	Order No & Date of appointing authority	:	
	c)	Date of joining in the Health Service Department	:	
VI	Service Details			
	a)	Date of joining in the entry cadre	:	
	b)	Whether availed extension of joining time if so	:	
		i) Period	:	
		ii) Date of joining duty	:	
	c)	Details of declaration of probation (Order No, Date and date of effect of probation) (Copy should be attached)	:	
	d)	Whether availed inter district transfer If so	:	
		i) Order No & Date of DHS	:	
		ii) Dist. To which transferred	:	
		iii) Date of joining in the new district	:	
	e)	Whether availed LWA if so,	:	
		i) Period of LWA (from....to)	:	
		ii) Sanction order No & Date	:	
		iii) Date of rejoining after LWA	:	
VII	d)	Whether secured 2 nd PSC appointment if any so	:	
		i) 2 nd PSC advice No.& Date	:	
		ii) Appointment order No. (Copy should be attached)	:	
		iii) Date of joining duty	:	

VIII	Details of Departmental Test		:	
	a)	MOP (Register No. & Year of passing)	:	
	b)	b) Account Test (L) (Register No, month & Year of passing) : (Original and attested copy should be submitted)	:	
	c)	Account test(H) (Register No, month & Year of passing) : (Original and attested copy should be submitted)	:	
	d)	Temporary exemption, if any, from qualifying the : departmental test, if so specify the ground	:	
IX		Reason for appeal		
X		Rank No. in LDC Seniority list with year		
XI		Mobile No.		

Signature of the incumbent:

Certified that the service particulars furnished above have been verified with respective service register and relevant records and found correct.

Signature of the Head of Institution

Certified that the service particulars furnished above have been verified with respective service register and relevant records and found correct.

Name & Signature of Section
Assistant
Clerk, DMO Office

Name & Signature of Administrative
DMO Office

Office seal