PROFORMA - A

PROFORMA TO BE SUBMITTED FOR THE PREPERATION OF SENIORITY LIST OF JUNIOR HEALTH INSPECTOR GR. II for the period from 1/1/1997 to 31/3/2000

& PEN No Designation Present Station Date of Birth Qualification a) General b) Technical (Year of passing shoud be specified) Details of Regular Appointment a) PSC Advice No. & Date b) Appointment Order No. & Date (Copy of order should ba attached) If appointment Order No. & Date (Copy of order should be attached) If appointment Order No. & Date (Copy of order should be attached) If appointment through compassionate ground. Appoinment order No. & Date of DMO (H) (Copy of order should be attached) a) Date of commencement of regular service b) Date of joining as J.H.I Gr. Il / Field assistant / Insect collector Whether availed extension of joining time if so a) period				Name (In Capital)	1
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assistant / Insect collector 9 Whether availed extension of joining time if so					
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if so		<u> </u>			
				Whether availed extension of joining time	9
a) period				if so	
				a) period	
b) Date of rejoining duty					İ
10 Details of declaration of probation for the By transfer		•	transfer	Details of declaration of probation for the By	10
candidates in the feeder category				candidates in the feeder category	
(Order No. Date of effect of probation shoule	·			(Order No. Date of effect of probation should	İ
be specified)				be specified)	
11 Details of LWA if any				Details of LWA if any	11
a) Period of LWA				a) Period of LWA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b) Sanction order No. & Date			**	b) Sanction order No. & Date	
c) Date of rejoining duty after LWA				c) Date of rejoining duty after LWA	
12 Details of Inter District Transfer for the PSC					12
candidates, if so,				candidates, if so,	
a) Order No. & Date of Inter District Transfer	•		•	•	
b) District to which transferred					
c) Date of joining in the new district				•	

13	Details of M.P.W Training (If aquired, period		
	should be specified)		•
	(Attested copy of certificate should be attached)		
14	Any other relevant information		
<u>.</u>			
15	Mobile No. of the incumbent		

Signature of the incumbent

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

Office Seal Date

Name & Signature of the Head of Institution

Name & Signature of Administrative Assistant, DMO Office

Office Seal Date Name & Signature of DMO (H)