ANNEXURE -B

PROFORMA FOR REPRESENTATION

(The field that is applicable only needs to be furnished)

NAME OF SPECIALITY:

1	Name			
	1) English (In Capital)			
	2) Malayalam			
2	PEN		ŀ	
3		of Birth	:	
4		nation	:	
5	_	e of Speciality	:	
6	_	nt Station with District	Ė	
7		fications	ĺ	
	1) Ge	1) General		
	2) Sp	eciality	:	
	3) Ad	ditional, if any		
8	Details of Medical Officers placed in the Speciality cadre from General/ Administrative cadre.			
	I)			
	II)	Year of option	:	
	III)	Whether entered on LWA/		
		unauthorised absence before declaration of probation after opting the speciality cadre	٠.	
	IV)	If answer is Yes for column No. III, furnish the details of LWA/ unauthorised absence.		
		a) Nature of LWA		
		b) Period of LWA/unauthorised		
	absence			
		c) Sanction order No. & Date for LWA/Regularizing order No. & Date for unauthorised absence		
-	V)	Date of joining as fresh entrant as	-	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	per column No. IV (Copy of reposting order as fresh entrant should be enclosed)	1	

	T 7T)		П
	VI)	Placement order No. & Date as	
		Junior Consultant (Copy of order	
		should be enclosed)	
	VII)	Date of joining as Junior	
		Consultant as per Column No. VI	
9		her entered on LWA/	
		horised absence before	
	declar	ration of probation after being	
	placed	d as Junior Consultant	
		If Yes in column No. 9 furnish	
	a)	the details of LWA/ unauthorised	
		absence.	
	b)	Nature of LWA	
	c)	Period of LWA/unauthorised	
		Sanction order No. & Date for	
	d)	LWA/ Regularizing order No. &	
		Date for unauthorised absence	
		Date of joining as fresh entrant as	
		per column No. 9 (Copy of	
	e)	reposting order as fresh entrant	
		should be enclosed)	
10	For	direct recruitment as Junior	
10			
		ultant (through PSC only PSC Advice No. and date	
	a)		<u>·</u>
	b)	Appointment Order No. & date	
		(copy of order should be	
	,	enclosed)	
	c)	Date of joining duty as Junior	:
	4	Consultant (PSC)	
	d)	Whether entered on LWA/	
		unauthorised absence before	:
		declaration of probation in the	
		cadre of Junior Consultant (PSC).	
11		s in column No. d (furnish the	
	detail	s of LWA/ unauthorised absence).	
	a)	Nature of LWA	
	b)	Period of LWA/unauthorised	
	U)	absence.	
		Sanction order No. & Date for	
	c)	LWA/ Regularizing order No. &	
		Date for unauthorised absence	
		Date of joining as fresh entrant as	
		per column No. 11 (Copy of re-	
		posting order as fresh entrant	
		should be enclosed)	
12	Detail	ls of declaration of probation in	
		entry cadre (Assistant Surgeon/	
		r Consultant)	
Ь	J 411101	Combutumity	<u> </u>

	a)	Order No. & date (copy of order		
		should be attached)	•	
	b) Effective date of declaration of			
		probation		
13	Reaso	n for representation, attach		
	separate sheet if necessary.		•	
14	Mobil	e Number	• •	

I Certify that the service particulars furnished above are true to the best of my knowledge, and I understand that if any of the above-furnished information is found incorrect in the future, my seniority position will be liable to be reassigned and I will lose all the service benefits acquired based on the incorrect information provided.

Dated Signature of Medical Officer

Signature	of Head	of In	stitution

Counter signature	of District Medical	Officer of	f Health
Comme signerin e	o, Bisti tet mettett	O_{II}	, 1100000

Place:			
Date:			