## 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	:	
3	Date of Birth	:	
4	Designation	:	
5	Name of Speciality	:	
6	Present Station with District	:	
7	Qualifications		
	1) General	:	
	2) Speciality	:	
	3) Additional, if any		
8	Details of Medical Officers placed in		
	the Speciality cadre from General Administrative cadre.		
	I) Date of entry in HSD (General	l	
	Cadre)	:	
	II) Year of option	:	
	III) Whether entered on LWA/		
	unauthorised absence before	)	

		declaration of probation after; opting the speciality cadre	
	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)	
	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	absen	her entered on LWA/ unauthorised ce before declaration of probation being placed as Junior Consultant	
	a)	If answer is Yes for column No. 9 furnish the details of LWA/ unauthorised absence.	
	b)	Nature of LWA	
	c)	Period of LWA/unauthorised	

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	d)	Sanction order No. & Date for LWA/ Regularizing order No. & Date for unauthorised absence	
	e)	Date of joining as fresh entrant as per column No. 9 (Copy of reposting order as fresh entrant should be enclosed)	
	For Consi	direct recruitment as Junior ultant (through PSC only)	
	a)	PSC Advice No. and date	:
	b)	Appointment Order No. & date (copy of order should be enclosed)	
	c)	Date of joining duty as Junior Consultant (PSC)	:
	d)	Whether entered on LWA/ unauthorised absence before declaration of probation in the cadre of Junior Consultant (PSC).	
	(furni	swer is Yes for column No. d sh the details of LWA/horised absence).	
	a)	Nature of LWA	
	b)	Period of LWA/unauthorisedabsence	
	c)	Sanction order No. & Date for LWA/ Regularizing order No. & Date for unauthorised absence	
H		Date of joining as fresh entrant as	

		per column No. 11 (Copy of reposting order as fresh entrant should be enclosed)		
12	Detail	s of declaration of probation in the		
	entry	cadre (Assistant Surgeon/ Junior		
	Consu	ıltant)	•	
		Order No. & date (copy of order should be attached)	•	
	/	Effective date of declaration of probation		
13	3 Reason 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 Institution**

	(	Counter	signature	of	District I	Medical	! Oi	fficer o	f Health
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Place:			
Date:			