## DHS/20810/2023-ES1 **PROFORMA - A**

## 1/133755/2024

## Appeal Proforma for preparation of Seniority List of Health Supervisor as on 30/09/2023

| 1. Name (In Capital)  | :   |
|---|---|
| 2. PEN Number   | :   |
| 3. Designation  | :   |
| 4. Present Station with District  | :   |
| 5. Date of Birth  | :   |
| 6. Qualification (General and Technical)  | :   |
| 7. Date of entry in service   | :   |
| 8. Order No. & Date of promotion as Health Supervisor (copy should be attached)   | :   |
| Date of joining as Health Supervisor  | :   |
| 9. Details of Declaration or Probation in the cadre of Health Supervisor a) Or. No., Dt. and Dt. of effect of Probation | :<br>n                                    |
| (copy of order should be attached)  10. Details of LWA in the cadre of Health Supervisor, if any:-                      |   |
| a) Period of LWA  | :   |
| b) Sanction Order No. and Date  | :   |
| c) Date of re joining after LWA   | :   |
| 11. a) Order No. & Date of seniority list in the Cadre of JHI Gr. II  | :   |
| b) Rank No.   |   |
| 12. Existing Rank No. in the seniority list of<br>Health Supervisor, if any   | :   |
| 13. Other relevant information  | :   |
| 14. Mobile No.  | :   |
| 15 . Reason for Appeal  | :   |
| Date:   | Signature of the incumbent                |
| Contified that the comitee mouth-line   | formished shows are verified with account |

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

Signature of Head of Institution