ANNEXURE -B

PROFORMA FOR APPEAL

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

NAME OF SPECIALITY:

AIVIL	OF SP	ECIALITY:	••••	••••••
1	Name	;		
	1) En	glish (In Capital)	:	
	2) Ma	ılayalam	:	
2	PEN		:	
3	Date	of Birth	:	
4	Designation		:	
5	Name of Speciality		:	
6	Prese	Present Station with District		
7	Qualifications			
	1) 0			
	′	1) General		
	2) Spo	eciality	:	
	3) Ad	ditional, if any		
8	Details of Medical Officers placed in			
		the Speciality cadre from General/		
	Admi	nistrative cadre.		
	I)	Date of entry in HSD (General	:	
		Cadre)		
	II)	Year of option	:	
	III)	Whether entered on LWA/		
		unauthorised absence before	:	
		declaration of probation after opting the speciality cadre		
	IV)	If Yes in column No. III furnish		
	1 1 1	the details of LWA/		
		unauthorised absence.		
		a) Nature of LWA		
		b) Period of LWA/unauthorised		
		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	absenc	er entered on LWA/ unauthorised be before declaration of probation eing placed as Junior Consultant		
	a)	If Yes in column No. 9 furnish the details of LWA/ unauthorised absence.		
	b)	Nature of LWA		
	c)	Period of LWA/unauthorised		
	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)		
10		direct recruitment as Junior ltant (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).	•	
11		in column No. d (furnish the of LWA/ unauthorised absence).		

	a)	Nature of LWA		
	b)	Period of LWA/unauthorised		
	c)	Sanction order No. & Date for LWA/ Regularizing order No. & Date for unauthorised absence		
		Date of joining as fresh entrant as per column No. 11 (Copy of reposting order as fresh entrant should be enclosed)		
12	Details of declaration of probation in the entry cadre (Assistant Surgeon/ Junior Consultant)		•	
	a)	Order No. & date (copy of order should be attached)	•	
	b)	Effective date of probation		
13	Other relevant information		:	
14	Mobile 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.

Signature of Medical Officer

Signature of Head of Institution

Counter signature of District Medical Officer of Health

Place:

Date: