

**ANNEXURE -B**

***PROFORMA FOR REPRESENTATION***

**NAME OF SPECIALITY : .....**

1	Name 1) English (In Capital) 2) Malayalam	:	:
2	PEN	:	:
3	Date of Birth	:	:
4	Date of entry in service	:	:
5	Present post	:	:
6	Name of Speciality	:	:
7	Present Station with District	:	:
8	Order and date in which promoted as Consultant	:	:
9	Date of joining in the promoted post	:	:
10	Order No. and date of declaration of probation in the cadre of Consultant	:	:
11	Effective date of declaration of probation	:	:
12	If not declared the probation in the cadre of Consultant, furnish the reason	:	:
13	Reason for representation. Attach separate sheet, if necessary	:	:
14	Other relevant information	:	:
14	Mobile Number	:	:

I certify that the service particulars furnished above are true to the best of my knowledge.

**Dated signature of Medical Officer**

**Signature of Head of Institution**

*Counter signature of District Medical Officer of Health*

Place:

Date: