

APPEAL PROFORMA

Category:- Public Health Nursing Superviosr

1	Name (In Capital)	:	
2	PEN No.	:	
3	Date of Birth	:	
4	Designation	:	
5	Qualification	:	
6	Present Station	:	
7	Promotion Order No & Date in the Post of Public Health Nursing Supervisor	:	
8	Date of joining in the Present Post	:	
9	Rank No. in Seniority List of PHN published as per Order No----- -----	:	
10	Details of LWA if any Period of LWA Santion Order No &Date	:	
11	Rank No. in the Preliminary Seniority List of PHNS published	:	
12	Reason for Appeal with copies of necessary documents	:	
13	Mob No	:	

Signature of the incumbent

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

Signature of the Head of Institution

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

**Name & Signature of Section
Clerk, DMO Office**

**Signature of District Medical Officer(H)
DMO Office**

Office seal