

APPEAL PROFORMA

Category:- Treatment Organiser Grade II

I	General Details		
	a)	Name (In Capital)	:
	b)	PEN	:
	c)	Designation	:
	d)	Present Station	:
	e)	Date of Birth	:
	f)	General Education & Qualification	:
II	Appointment Details		
	a)	PSC Advice No. Date & Name of Dist. (If more than one PSC appointment, the last PSC Advice No. & Date should be noted)	:
	b)	Appointment Order No and Date (Copy of order should be attached)	:
III	Service Details		
	a)	Date of joining in the entry cadre	:
	b)	Whether availed extension of joining time if so	:
	i)	Period	:
	ii)	Date of joining duty	:
	c)	Details of declaration of probation, if declared, (Order No, Date and date of effect of probation) (Copy should be attached)	:
	d)	Whether availed inter district transfer	:
		If so	
	i)	Order No & Date of DHS	
	ii)	Dist. To which transferred	
	iii)	Date of joining in the new district	

	e)	Whether availed LWA if so,	:	
		i) Period of LWA (from....to)	:	
		ii) Sanction order No & Date	:	
		iii) Date of rejoining after LWA	:	
IV	d)	Whether secured 2 nd PSC appointment if any so		
		i) 2 nd PSC advice No.& Date		
		ii) Appointment order No. (Copy should be attached)		
		iii) Date of joining duty		
V	i	Any other Remarks	:	
	ii	Mobile No		
VI		Reason for Appeal with copies of necessary documents		

Signature of the incumbent with Date

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.

Signature of District Medical Officer of Health

(Office seal)