

**Appeal Proforma for preparation of Seniority List of JHI Gr. II in Health
Services Department as on 01/01/2013 to 31/12/2020**

I General Details

- a. Name (In Capital) :
- b. PEN Number :
- c. Designation :
- d. Present Station with District :
- e. Date of Birth :
- f. Qualification (General and Technical) :

II. (A) Appointment details (Direct recruitment by PSC):-

- a. PSC Advice No & Date :

(If more than one PSC appointment, the last PSC Advice No & Date should be noted, copy of advice should be attached)

- b. District

- c. Date of absorbing in the sanctioned post :
if the candidate was appointed on a supernumerary post

- d. Appointment Order No. and Date. :
(Copy of order should be attached)

- e. If compassionate appointment
Date of appointment order

(B) By transfer promotion from

- (a. Office attendant /watch man/ b. Field workers
c. other categories specified in the special rule):**

- a. Appointment order No. & Date
to the cadre of JHI Gr. II :

- b. Date of acquiring qualification
(Specified in the special rule) :

(C) Field Assistant/Insect collector:-

a. PSC Advice No & Date :

(If more than one PSC appointment, the last PSC Advice No & Date should be noted, copy of advice should be attached)

b. District

**c. Date of absorbing in the sanctioned post :
if the candidate was appointed on a supernumerary post**

**d. Appointment Order No. and Date. :
(Copy of order should be attached)**

**e. If compassionate appointment :
Appointment order No. & Date**

f. Date of acquiring qualification :

III. Service Details :-

**a. Date of joining in the entry cadre :
(specify entry cadre)**

**b. Whether availed extension of joining time, :
if so**

i. Period :

**ii. Date of Joining duty :
(Attach copy of order)**

c. whether probation declared, if so :

**i. Order No with date & Date of effect :
of probation
(copy of order should be attached)**

IV. Whether availed Inter District Transfer, If so

a. Order No & Date :

b. District which transfer :

c. Date of joining in the new district :

V. Details of LWA if any :-

- a) Period of LWA :**
- b) Sanction Order No. and Date :**
- c) Purpose**
- d) Date of rejoining after LWA :**

VI. Mobile No of the incumbent :

VII. Phone No of the Present Institution :

VIII. Mobile No. of the section clerk (CHC/PHC):

IX. Any other relevant information :

X. Reason for Appeal :

Date:

Signature of the incumbent

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

Signature of Head of Institution

Counter Signature of DMO(H)