## **ANNEXURE 11**

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١	Name of Specialty:	
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## <u>Proforma to be Submitted by the Medical Officer for placement as Junior Consultant</u>

	Consultant		
1	Name in English		
	In Malayalam		
2	PEN		
3	Designation		
4	Present Station		
5	Residential Address with Contact No.		
6	Date of entry in Health Service Department		
7	Date of acquiring PG Degree		
8	Year in which specialty cadre is opted		
9	Details of Probation		
10	Remarks, if any		

(Signature)

Signature

Head of Institution

Counter signed by

District Medical Officer