

**Proforma for preparation of Seniority List of Junior Public Health Nurse Gr.II
for the period from 01.01.2022 to 31.12.2025.**

| | | | |
|----|--|---|---|
| 1 | Name (In capital) | : | |
| 2 | PEN | : | |
| 3 | Designation | : | |
| 4 | Present Station with District | : | |
| 5 | Date of Birth | : | |
| 6 | Qualification (General & Technical) | : | |
| 7 | Details of Regular Appointments :- | | |
| | a) | Method of Appointment | : |
| | b) | PSC Advice No. and Date (If more than one PSC appointment, the last PSC Advice No & Date should be noted) | : |
| | c) | Government Order if any | : |
| | d) | Appointment Order No. And date (Copy of order should be attached) | : |
| | e) | Date of joining in regular service | : |
| 8 | Other service details :- | | |
| | a) | Date of entry in service | : |
| | b) | Whether availed extension of joining time | : |
| | If so, Order No. & Date (copy should be attached) | | |
| | (i) | Period | : |
| | (ii) | Date of joining duty | : |
| 9 | Details of service Regularization in JPHN Gr.II Order No. & Date (copy should be attached) | | : |
| 10 | Details of Declaration of probation –Order No., date and date of effect of probation (Copy should be attached) | | : |
| 11 | Details of Inter District Transfer, if any in the entry cadre | | : |
| | a) | Inter District Transfer order No. & date (Copy should be attached) | : |

| | | | | |
|----|--|---|---|--|
| | b) | District to which transferred | : | |
| | c) | Date of joining in new district | : | |
| 12 | Details of LWA if any:- | | | |
| | a) | Period of LWA | : | |
| | b) | Sanction Order No. and date (Copy should be attached) | : | |
| | c) | Date of rejoining after LWA | : | |
| 13 | Other relevant information | | : | |
| 14 | Whether supernumerary appointment (Yes/No) Details should be attached. | | : | |
| 15 | Mobile No. | | : | |

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

Verification Report

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

Verified by :

Signature of Clerk :

Name of Clerk :

Signature of DMO(H)

Date :