

Annexure
Proforma

1.	Name:	
2.	PEN:	
3.	Date of birth :	
4.	Date of entry in service:	
5.	Present Designation :	
6.	Present Station with district:	
7.	Qualified super specialty:	
8.	Date acquiring super specialty qualification	
9.	Mobile Number	
10.	Whether probation declared or not	
11.	Remarks	

I Certify that the service particulars furnished above are true to the best of my knowledge.

Signature of Medical Officer

Signature of Head of Institution

Counter signature of District Medical Officer of Health

Place:

Date: