

PROFORMA – A

Proforma for preparation of Seniority List of JHI Gr. II in Health Services Department for the period from 01/01/2021 to 31/12/2025

I General Details

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

II. Appointment details

(A) 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. Appointment Order No and Date :
(Copy of order should be attached)
- d. If the candidate was appointed on a supernumerary post, date of absorption in the sanctioned post. :
(Copy should be attached)

(B) If the candidate was appointed on a compassionate ground

- a) Govt. Order No & Date :
- b) Appointment Order No & Date:
(Copy should be attached)

(C) If the candidate was appointed through by transfer promotion from Office attendant /watchman/ Field workers/ 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. Date of joining in the present cadre (JHI Gr. II) :

(D) If the candidate was appointed as 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. Appointment Order No. and Date. (Copy of order should be attached) :
- d. If the candidate was appointed on a supernumerary post, date of absorption in the sanctioned post. (Copy should be attached) :
- e. Date of acquiring qualification :
- f. Date of joining in the present cadre :

III. Service Details

- a. Date of joining in the entry cadre : (specify entry cadre)
- b. Whether availed extension of joining Time exceeding 90 days
 - i. Period :
 - ii. Date of Joining duty (Attach copy of order) :

c. Whether probation declared, if so

i Order No with date & :

ii 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 to which transferred :

c. Date of joining in the new district :

V. Details of LWA under Appendix XII A/B/C

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. Contact No. of the Present Institution :

VIII. Any other relevant information :

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

District Medical Officer of Health