

SPECIMEN APPLICATION FORM

ANNUAL TRANSFERS OF SPECIALIST MEDICAL OFFICERS – 2013

SPECIALITY :

1. Name of Applicant with initials :
(Please write your name as indicated in the personal file)
 - (a) Surname :
 - (b) Other Names :
2.
 - (a) Address :
 - (b) Telephone No. :
 - (c) Email Address :
3. Date of Birth : Age:
4. Civil Status : Single/ Married/Widowed
 - (a) Work and working place of spouse:
 - (b) No. of Children :
 - (c) No. of school going children :
5. Present post held :
 - (a) Date of appointment to present post:
 - (b) Place of work :
6. Date of appointment to
 - (a) Preliminary Grade :
 - (b) Grade II :
 - (c) Grade I :
 - (d) Specialist Grade :
7. No pay leave taken (Pl. indicate the time periods):
8. Qualifications
 - (a) Professional :
 - (b) Post Graduate :
 - (c) Date of Board certification :
9. Lists of specialist appointments held with dates:

	<u>Appointments</u>	<u>Stations</u>	<u>From</u>	<u>Period</u>	<u>To</u>
(i)					
(ii)					
(iii)					
(iv)					
(v)					

10. Preferences

Post & Institution

I	XI
II	XII
III	XIII
IV	XIV
V	XV
VI	XVI
VII	XVII
VIII	XVIII
IX	XIX
X	XX

11. Special claims, if any

I certify that the above particulars are correct.

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Signature of Applicant

Date:

Observation & Recommendation of the Head of Institution/ Decentralized Unit/ Specialized Campaign.

I certify that the particulars furnished by the applicant, specially columns 4,5,7 &8 are correct. (State any incorrect information, if furnished by the applicant).

Signature of Head of Institution

Date:

**Signature of Head of Decentralized Unit/
Specialized Campaign**

Date:

Observation and Recommendation of the Provincial Director of Health Services.

Date:

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Signature & Designation