

SPECIMEN APPLICATION FORM (CHANGE OF PREFERENCES)

ANNUAL TRANSFERS OF SPECIALIST MEDICAL OFFICERS – 2013

SPECIALITY :

1. Name of Applicant with initials :

(Please write your name as indicated in the personal file)

i. Surname :

ii. Other Names :

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

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

Date:

Date:

Observation and Recommendation of the Provincial Director of Health Services.

Date:

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Signature & Designation