

SPECIMEN FORM FOR SPECIAL APPEALS OF MEDICAL OFFICERS

01. a). Name of Applicant (with initials).....

b). Name denoted by initials.....

02. Present Station & Present Post.....

03. Permanent Address & Contact No.....

04. a). Date of Post Intern Appointment.....

b). Present Grade (PG/Gr.II/Gr.I).....

(Please attach relevant Grade Promotion letter)

c). Date of Appointment to Present Grade.....

d). Date of Appointment to the Present Post.....

e). Date reported to the Present Station.....

(Please attach all relevant documents to this application)

05. List of appointments held with dates (Including temporary posts)

	Institution & Post	Period		
		Date	Month	Year
i				
ii				
iii				
iv				
v				

06. a). Whether on transfer order.....

(State the type Annual, Sp. Post ect.)

b). If so why not release from the station.....

07. Reasons for appeal

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08. Preferences

	Institution	Post
01		
02		
03		
04		
05		
06		
07		
08		

(Please use a separate sheet if this space is inadequate)

I certify that the above particulars are complete, true and accurate.

I note that if any incorrect information is given my application is liable for rejection.

Date.....

.....

Signature of Applicant

09. Recommendation of the Head of the Institution

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Recommended/Not recommended and forwarded

Replacement necessary/Can be released without replacement

Date.....

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Signature of the Head of the Institution

10. Recommendation of the Head of the Department

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Recommended/Not recommended and forwarded

Replacement necessary/Can be released without replacement

Date.....

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Signature of the Head of the Institution