

ANNEXURE - II

(Appeal on the seniority list of Medical Officers)

1. Serial No. (in Seniority List) :
2. Name (in block letters) :
3. Date of Birth :
4. Religion / Caste :
5. Community (SC, ST, OBC....) :
6. Qualification :

7. Appointment Order No. :
8. Appointment Order date :
9. Date of commencement of service as Medical Officer :
10. Ground of Appeal :

DECLARATION

I, Dr. Do hereby declared that the information furnished above are true to the best of my belief and as revealed from records.

Signature :

Name :

Institution:

Place:

Date :

(Office Seal)