

APPLICATION FOR ANNUAL TRANSFERS OF DENTAL SURGEON – 2015

Please tick off

Stage 1	Stage 2
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If Stage I

SHDO/DI	RDS	SHO	HO	DS SPECIAL CAMPAIGN	QUALITY UNIT - IOH
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Name of Applicant with Initials:

- a. Surname:
 - b. Other Names:
 - c. Telephone No:
2. Date of Birth:
3. Civil Status/Married/Unmarried/Widowed:
- a. Working place of spouse:
 - b. No of children:
 - c. No of school going children:
4. Serial No in the Recommendation list:
5. Permanent Address :
6. Present post held :
- a. Date of appointment to present post :
 - b. Please of work in the present reported :
 - c. Are you in transfer order if so specify :
7. Date of appointment to :
- a. Grade 1
 - b. Grade 11
- Please attach the letter of appointment to the said Grade. (If you are eligible to either Grade 1 or 11 and still not promoted to such Grade, Please indicate with details)
8. No pay leave details;

9. List of appointments held with dates:

Appointments	Stations	Post	Period

10. Preferences: (All the allocations will be done according to the seniority. Please provide sufficient number of choices. Otherwise you are liable to be transferred out of any vacant station at the discretion of the transfer board. Please use a separate sheet with this format if this space is inadequate)

No	Institution	Post
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

- Please number all sheets and initial them

11. Special claims, if any:

I certify that the above particulars are correct.

.....
Date

.....
Signature of applicant

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

I certify the particulars furnished by the applicant, under items 6, 7 & 8 are correct.(State any incorrect information, if furnished by the applicant)

.....
Signature of Head of the Institution

.....
Signature of Head of decentralized Unit/Specialized Campaign

Date.....

Date.....

13. Observation and Recommendation of the Provincial Director of Health Services.

.....
Date

.....
Signature