

**SPECIMEN APPLICATION FORM**  
**POSTS OF MEDICAL OFFICERS TO SECONDED POSTS**

01. (a) Name of applicant :-  
 .....

(b) Designation & date of appointment to the present post:-  
 .....

(c) Present station: - .....

(d) Permanent Address & Contact No: - .....

02. Date of post intern appointment:- .....

03. (a) Present Grade:- .....

(b) Date of appointment to present grade:- .....

**(If you have been promoted to the Grade II or I, please submit a photocopy of the letter and copy of the confirmation letter along with your application)**

04. List of appointments held with period :-(Include Stations in chronological order)

Appointments	Posts & Stations	Period					
		From			To		
		<i>dd</i>	<i>mm</i>	<i>yy</i>	<i>dd</i>	<i>mm</i>	<i>yy</i>

05. Whether you are on transfer order, Yes /No – If yes state details:-  
 .....

06. Whether you are confirmed in the state service, Yes/No : - .....

Preferences:-

Institution

Post

- i)
- ii)
- iii)
- iv)
- v)

07. I certify that the above particulars are given by me is true and correct.

Date:- .....

.....  
 Signature of Applicant

**Recommendation of the Head of Institution**

Recommended / Not Recommended.

I certify that the particulars given at 01 to 06 in the application are correct.

Date:-.....

.....  
Signature of Head of Institution

**Recommendation of the Head of Decentralized Unit**

Recommended / Not recommended.

I certify that the given at 01 to 06 in the application are correct.

Date:-.....

.....  
Signature of Head of Decentralized Unit