Appeal against Placement of End Post of Specialist Medical Officer-2022

Name of the Applicant:	
Present Post (Specialty):	
01. Present Station:	
02. Whether transferred	out in the annual transfers year 2021 (Yes/No):
03. If so, new post/statio	n assigned:
04. Preferences to be con	nsidered at the appeals board:
(Please send in a typewritten format)	
01.	
02.	
03.	
04.	
05.	
06.	
07.	
05. Reasons for appeal:	
Date:	Signature of Applicant
Recommendation of the Head of the Institution.	
Date:	
	Signature of the Head of the Institution
Recommendation of the Head of the Decentralize	ed Unit.
Date:	Signature of the Head of Decentralized Uni