<u>Special Transfers of Senior Medical Administrative Grade Officers – 2022</u> (SPECIMEN APPLICATION FORM)

*The applications should be forwarded through duly appointed station by the Annual Transfers.

| 1 | Name of the appli | cant: | | | | | | |
|---|--|-----------|--|---------|----------------|--------|-----|-----|
| | предоставляний предоставлений предоставляний предос | ount. | | | | | | |
| 2 | Present Post: | | | | | | | |
| | | | | | | | | |
| 3 | Date of Birth: | | | | | | | |
| 4 | Date of appointment to: DD MM | | | | | | YYY | IV |
| | Preliminary Grade | | | | DD | IVIIVI | 111 | . 1 |
| | Grade II | | | | | | | |
| Date of appointment to permanent post in SMAG | | | | | | | | |
| | Date of assuming duties in SMAG | | | | | | | |
| | Date of assuming duties in the present post | | | | | | | |
| 5 | Post Intern merit: | | | | | | | |
| 6 | Postgraduate quali | fication: | | | | | | |
| | Medical Administr | ation | | | MSc | | MD | |
| | Community Medicine | | | | MSc | | | |
| | Community Dentistry | | | | _ INCO AND OWN | | MD | |
| 7 | Contact Number | Office | | D: | MSc | | MD | |
| - | | Office | | Private | | | | |
| 8 | Email address: | | | | | | | |

10. No pay leave details

| No. | Start date | End date | Reason |
|-----|------------|----------|--------|
| | | | |
| | | | |
| | | | |

STATION SELECTED BY THE APPLICANT IN ORDER OF PREFERENCE

| Order | Station | Order | Station |
|-------|---------|-------|---------|
| 1 | | 21 | |
| 2 | | 22 | |
| 3 | | 23 | |
| 4 | | 24 | |
| 5 | | 25 | |
| 6 | | 26 | |
| 7 | | 27 | |
| 8 | | 28 | |

| 9 | 29 | |
|----|----|--|
| 10 | 30 | |
| 11 | 31 | |
| 12 | 32 | |
| 13 | 33 | |
| 14 | 34 | |
| 15 | 35 | |
| 16 | 36 | |
| 17 | 37 | |
| 18 | 38 | |
| 19 | 39 | |
| 20 | 40 | |

| I do hereby certify that the above particulars are true and correct. |
|--|
| Signature of applicant |
| Date |
| Recommendation of the Head of Institution - Recommended & forwarded. |
| Signature |
| Date |