

APPEAL PROFORMA

Category:- Public Health Nurse

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|----|---|---|--|
| 1 | Name (In Capital) | : | |
| 2 | PEN No. | : | |
| 3 | Date of Birth | : | |
| 4 | Designation | : | |
| 5 | Qualification | | |
| 6 | Present Station | : | |
| 7 | Provisional Promotion Order No & Date in the Post of Public Health Nurse | : | |
| 8 | Order No. & date of regularisation of Provisional promotion of PHN & w.e.f date of regularisation | : | |
| 9 | Rank No. in JPHN Grade I | : | |
| 10 | Any other Remarks | : | |
| 11 | Reason for Appeal with copies of necessary documents | | |

Signature of the incumbent

Certified that the service particulars furnished above have been verified with respective service register and relevant records and found correct.

Signature of the Head of Institution

Certified that the service particulars furnished above have been verified with respective service register and relevant records and found correct.

**Name & Signature of Section
Clerk, DMO Office**

**Signature of District Medical Officer(H)
DMO Office**

Office seal