

ANNEXURE

DETAILS TO BE FURNISHED BY THE HEAD OF THE DEPARTMENT

(Director of Medical Education / Health Services/Insurance Medical Services/Factories & Boilers / Municipal Services)

1. Name of the Applicant with designation			
2. Kerala Public Service Commission Advice number and date [<i>If there are more than one candidates in the advice list, quote the rank number of the candidate in the advice list.</i>]			
3. Name of the Quota under which admission is sought.			
4. Rank assigned in the above Quota [<i>For Service Candidates only</i>]			
5. Total length of service in the category under which admission is sought. (As on 01-01-2008) [<i>Period of Leave Without allowance/unauthorised absence, if any, should be excluded</i>]	Year(s)	Month(s)	Day(s)
6. Date of declaration of probation of the applicant. [<i>If declared, enclose copy of the order</i>]			
7. Whether any disciplinary action is pending against the applicant? [<i>If so, append details.</i>]			
8. Whether the applicant has availed the benefit of reservation for undergoing P.G. Medical Course under any speciality earlier? If so, give details. { <i>See Clause VIII [d] for details</i> }			
<p>The particulars furnished above have been verified and found correct.</p> <p style="text-align: center;">Signature of the Head of the Department:</p> <p style="text-align: center;">Name :</p> <p style="text-align: center;">Designation:</p> <p>Place:</p> <p>Date : (Office seal)</p>			
NOTE: THIS ANNEXURE NEED NOT BE SENT TO THE COMMISSIONER FOR ENTRANCE EXAMINATIONS, ALONG WITH THE ORIGINAL APPLICATION.			
THIS HAS TO BE ATTACHED ALONG WITH THE COPY OF THE APPLICATION FORM SENT TO THE CONTROLLING OFFICER CONCERNED BY ALL SERVICE CANDIDATES.			