OFFICE OF THE REGIONAL DIRECTOR OF MEDICAL & HEALTH SERVICES, ZONE-II, RAJAMAHENDRAVARAM SERVICE PARTICULARS OF AMO AS ON 24.06.2019 (DOWNWARDS SENIORITY) (as per G.O.Ms.No.45, Fin (HR.I.PLG. & Policy) Dept., Dated.24.06.2019)

2	1	1	No.
V.Kameswara Rao	N. Venkateswara Rao	2	Name of the Employee Place at which working
DMO Rampachodavaram	DMO Rampachodavaram	3	Place at which working
EG	EG	5	District
10-07-1967	16-04-1964	6	Date of Birth (DD-MM-YYYY)
333797	3584468	7	ID Number
31-07-2027	30-04-2024	8	Date from which working in the present in
30-12-2017	30-12-2017	9	Date from which working in the present Cadre as on 24.06.2019 (DD-MM-YYYY)
30-12-2017	30-12-2017	10	Date from which working in the present station (DD-MM-YYYY)
1 y, 5 m, 24 d	1 y, 5 m, 24 d	11	Period of stay completed at the present station as on 24.06.2019
		12	Spouse employment particulars (service certificate to be enclosed)
		13	P.H. Certificate if applicable (Certificate to be enclosed.)
		14	Employees having mentally challenged children certificate to be enclosed where medical facilities are available.
		15	Whether he/she is on unauthorized absence from duty , if so furnish the date from which he/she stayed away from duty Whether the Applicant/ spouse/dependent children and dependent parents are suffering from Cancer, Open Heart
		16	Operation, Neuro Surgery, Kidney Transplantation seeking transfer where such facilities are available. Medical Record with certificate issued by the authority should be enclosed.
		17	Whether Office Bearer of recognized union/ association (certificate to be enclosed)
		18	Whether any employee having any charges/ACB/Vigilance cases pending if
		19	Previous Agency Service if any, please mention the period
		20	Disability (40%)-VH,HH,PH & Mentally Challenged Dependent (along with latest certificate fromcompetent authority) Particulars of Widow employee
		21	appointed on compassionate appointments (along with documentary evidence)
		22	Remarks