OFFICE OF THE REGIONAL DIRECTOR OF MEDICAL & HEALTH SERVICES, ZONE-II, RAJAMAHENDRAVARAM SERVICE PARTICULARS OF MEDICO SOCIAL WORKER GRADE-I / LECTURER IN SOCIAL SCIENCES AS ON 24.06.2019 (UNDER 20% CATEGORY) (as per G.O.Ms.No.45, Fin (HR.I.PLG. & Policy) Dept., Dated.24.06.2019)

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2 SRI.CH.SIVA NAGESWARA RAO	1 SRI.V.VISWESWARAIAH SMC, VIJAYAWADA		Z a
CH.9 GESV	V.VI		Name of the Employee Place at which working
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쥿	Ş.	4	District
01.	01.		Date (E
01-12-1961	01-08-1961	5	ate of Birt (DD-MM- YYYY)
.961	.961		Date of Birth (DD-MM- YYYY)
0544949	0544948	6	ID Number
949	948	•	15 Namber
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30-11-2021	31-07-2021		vate le to lpera (DI Y)
.1-2)7-2	7	ate on whice to retire of the control of the contro
021	021		Date on which due to retire on superannuation (DD-MM-YYYY)
			7 C I S
04-07-1997	01-11-1995		Date from which working in the present Cadre as on 24.06.2019 (DD-MM-YYYY)
7-19	1-19	8	e fro wor pre: e as 6.20 -MN
97	95		Date from which working in the present Cadre as on 24.06.2019 (DD-MM-YYYY)
			Ξi ξ
10-09-19	16-07-19		Date fro which worn in the pres station (DD-MN YYYY)
9-198	7-198	9	Date fro ich worn the pres station Station YYYYY)
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9 m	11 1	10	id of eted of t sta
32 y, 9 m, 14	34 y, 11 m, 8		Period of stay completed at the present station as 24.06.2019
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Zonal Manager SBI, VJ <i>I</i> (Cert. no	No	11	Spouse employment particulars (service certificate to be enclosed)
not not			(,
Z	No	12	P.H. Certificate if applicable (
			Certificate to be enclosed.)
No	No	13	Employees having mentally challenged children certificate to be
Ю	Г	ω	enclosed where medical facilities are available.
			Whether he/she is on unauthorized
No	N _o	14	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
No	No	15	suffering from Cancer, Open Heart Operation, Neuro Surgery, Kidney
0	٥	51	Transplantation seeking transfer where such facilities are available. Medical Record with
			certificate issued by the authority should be enclosed
No	No	16	Whether Office Bearer of recognized
ō	ō	6	union/ association (certificate to be enclosed)
_	_	_	Whether any employee having any
No	No	17	charges/ACB/Vigilance cases pending if
No	No	18	Previous Agency Service if any,
0	0	8	please mention the period Disability (40%)-VH,HH,PH &
No	No	19	Mentally Challenged Dependent
0	°	9	(along with latest certificate fromcompetent authority)
_			Particulars of Widow employee appointed on compassionate
No	No	20	appointments (along with
!	!	2	documentary evidence)
<u>'</u>		1	Remarks