

OFFICE OF THE REGIONAL DIRECTOR OF MEDICAL & HEALTH SERVICES, ZONE-II, RAJAMAHENDRAVARAM
SERVICE PARTICULARS OF PHARMACIST GR-I AS ON 24.06.2019
 (as per G.O.Ms.No.45, Fin (H.R.I.P.L.G. & Policy) Dept., Dated.24.06.2019)

1	2	3	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Sl. No.	Name of the Employee	Place at which working	District	Date of Birth (DD-MM-YYYY)	ID Number	Date on which due to retire on superannuation (DD-MM-YYYY)	Date from which working in the present Cadre as on 24.06.2019 (DD-MM-YYYY)	Date from which working in the present station (DD-MM-YYYY)	Period of stay completed at the present station as on 24.06.2019 (YY-MM-DD)	Spouse employment particulars (service certificate to be enclosed)	P.H. Certificate if applicable (Certificate to be enclosed.)	Employees having mentally challenged children certificate to be enclosed where medical facilities are available.	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 Operation, Neuro Surgery, Kidney Transplantation seeking transfer where such facilities are available. Medical Record with certificate issued by the authority should be enclosed.	Whether Office Bearer of recognized union/ association (certificate to be enclosed)	Whether any employee having any charges/ACB/Vigilance cases pending if	Previous Agency Service if any, please mention the period	Disability (40%)-VH,HH,PH & Mentally Challenged Dependent (along with latest certificate from competent authority)	Particulars of Widow employee appointed on compassionate appointments (along with documentary evidence)	Remarks
1	T.Sudha Rani	SMC Vijayawada	Krishna	01-08-1962	544628	31-07-2022	23-09-2015	01-10-1990	28 Y, 8 m, 23 d	--						No				

REGIONAL DIRECTOR OF MEDICAL AND
HEALTH SERVICES, RAJAMAHENDRAVARAM