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

N	ш	-	No.
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M.S.Leela Kumari	M.V.Rajini	2	Name of the Employee
O/o DM&HO, Eluru	O/o DM&HO, Machilipatnam , Krishna	ω	Place at which working
WG	K _R	5	District
15-10-1961	17-03-1963	6	Date of Birth (DD-MM-YYYY)
	544624	7	ID Number
31-10-2021	31-03-2023	8	Date on which due to retire on superannuatio n (DD-MM-YYYY)
01-02-2019	18-09-2015	9	Date from which working in the present Cadre as on 24.06.2019 (DD-MM-YYYY)
01-02-2019	18-09-2015	10	Date from which working in the present station (DD-MM-YYYY)
0 y, 4 m, 23 d	3 y, 9 m, 6 d	11	Period of stay completed at the present station as on 24.06.2019
No	No	12	Spouse employment particulars (service certificate to be enclosed)
N _o	No	13	P.H. Certificate if applicable (Certificate to be enclosed.)
No	No	14	Employees having mentally challenged children certificate to be enclosed where medical facilities are available.
N o	No	15	Whether he/she is on unauthorized absence from duty , if so furnish the date from which he/she stayed away from duty
N _O	No	16	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
No	No	17	Whether Office Bearer of recognized union/ association (certificate to be enclosed)
N _o	N _o	18	Whether any employee having any charges/ACB/Vigilance cases pending if
No	No	19	Previous Agency Service if any, please mention the period
N _o	No	20	Disability (40%)-VH,HH,PH & Mentally Challenged Dependent (along with latest certificate fromcompetent authority) Particulars of Widow employee
N _O	No	21	Particulars of Widow employee appointed on compassionate appointments (along with documentary evidence)
		22	Remarks