

OFFICE OF THE REGIONAL DIRECTOR OF MEDICAL & HEALTH SERVICES, ZONE-II, RAJAMAHENDRAVARAM

LIST OF PARA MEDICAL OPHTHALMIC OFFICERS in Zone-II as per station seniority as on 24.06.2019 (Under 20% ceiling)

(as per G.O.Ms.No.45, Fin (HR.I.PLG. & Policy) Dept., Dated:24.06.2019)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
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	CH,ANANDARAO	PHC, NARASAPURAM (TRIBAL)	EG	09-06-1965	0319857	30-06-2025	23-06-1990	16-05-2013	6 Y, 1 m, 8 d	No	No	No	No	No	No	18-02-87 to 31-07-94	No	No	--	

REGIONAL DIRECTOR OF MEDICAL AND
HEALTH SERVICES, ZONE-II,
RAJAMAHENDRAVARAM