

Government of West Bengal,
Department of Health & Family Welfare
PROFORMA FOR APPLICATION FOR JOINING AS MO ON TR

Sl No	Items	Particulars
1	Name (In Block Letters)	
2	Designation	
3	Employee ID	
4	Office to which attached (Full office Address & PIN Code) & Contact Number	
5	Date of Joining in the service (DD-MM-YYYY)	
6	Date of Confirmation of service (DD-MM-YYYY)	
7	Whether the Applicant has handed over the Charges of his present post	
8	Whether the applicant has been released from present place of posting to join as MO on TR	
9	Whether the applicant has executed the Bond for placement on TR	

Full Signature of Applicant with date