

Payment of Intensive Allowance and Salary Increment Proficient in more the one
Language

- 01. Name of the officer :
- 02. Present post :
- 03. Whether confirmed in service
- 04. Language (relevant of the post) from which
Recruited to the public service
- 05. Applicant's first language relevant to the application
(please note the section / chapter in relation to the PA circular)
- 06. Application in relation to the 2nd language
- 07. Application in relation to the 3rd language
- 08. PA circular presented to obtain Incentive /
Salary Increment / Qualification / relevant sections /
chapters of PA circular 29/98
- 09. Requested Incentives of relevant chapter / section

I certify that the details provided in (1-8) are true and correct.

.....
Date

.....
Signature of Applicant

Director General of Health Services

Forwarded for necessary action please. Copies of degree certificate / Advance level certificate, school leaving certificate and a letter from school are attached here with.

Director(Tertiary Care Services)