

**Special Annual Transfers of Deputy Medical Administrative Grade (DMAG) Officers –
2023
(SPECIMEN APPLICATION FORM)**

1	Name of the applicant:			
2	Present Post:			
3	Date of Birth:			
4	Date of appointment to:	DD	MM	YYYY
	Preliminary Grade			
	Grade II			
	Date of appointment to permanent post in DMAG			
	Date of assuming duties in DMAG			
	Date of assuming duties in the present post			
5	Post Intern merit:			
6	Postgraduate qualification:			
	Medical Administration	MSc		MD
	Community Medicine	MSc		MD
	Community Dentistry	MSc		MD
7	Contact Number	Office	Private	
8	Email address:			

9. Acting / Attending to duties approved by Public Service Commission*

Duty Type (Acting / Attending)	Date of Start	Date of Completion	Institution	Post

*Certified copies of relevant documents should be attached.

10. No pay leave details

No.	Start date	End date	Reason

STATION SELECTED BY THE APPLICANT IN ORDER OF PREFERENCE

Order	Station	Order	Station
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

I do hereby certify that the above particulars are true and correct.

Signature of applicant.....

Recommendation of the Head of Institution - Recommended & forwarded.

Signature.....