

PERFORMA

PROPOSAL FOR THE CREATION OF ADDITIONAL POSTS INDISTRICT

Sl. No	Name of Category	Institution	No. of posts sanctioned	Staff admissible as per pattern	Additional posts required	No & date of G.O. creating the post	Whether permanent	Additional financial Commitment	Remarks
1	2	3	4	5	6	7	8	9	10

HEAD OF OFFICE /DISTRICT MEDICAL OFFICER OF HEALTH

Spk.30/7