

PROFORMA

APPLICATION FOR EXERCISING THE OPTION

To
The Director of Public Health & Family Welfare,
Andhra Pradesh,
HYDERABAD.

1. Name of the Civil Assistant Surgeon /
Dy. Civil Surgeon. :
 2. Designation :
 3. Qualification (Speciality) :
 4. Date of Birth :
 5. Date of entry into Service :
 6. Rank No. :
 7. Whether absorbed in APVVP
(as per Service Register) (YES / NO) ::
 5. Present Place of Working
Type of Area (Tribal / Rural / Urban) :
 6. Native District :
 7. Date from which working in the
Present Station
 8. Whether any disciplinary action pending :
 9. Request Places :
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

Signature of the Civil Assistant Surgeon/Dy.CS.

Counter Signature of the Controlling Authority.

Note: If any CAS/Dy.CS not exercised his/her option (or) the opted places filled with the seniors the HOD will allot any existing vacancy as per the requirement of the department, as per the instructions of the Government.