

**GOVERNMENT OF ODISHA**  
**HEALTH & FAMILY WELFARE DEPARTMENT**

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No. 10787 /H,  
HFV-MSII-AESTT-0029-2015

Date: 24.05.2016

To


All the Directors under Health & FW Department  
All the Dean & Principal /Superintendent of Govt. Medical colleges  
Principal ACHMC & H, Bhubaneswar  
All the CDMOs/ CMO, RGH, Rourkela / CMMO, BMC, Bhubaneswar

**Sub: - Requisition of detailed Bio-data for implementation of transparent Exit Policy for the Medical Officers belonging to Group-A(JB) and Group- A(SB) of OMS cadre.**

The undersigned is directed to say that Government in Health & FW Department have been pleased to adopt and implement a transparent Exit Policy for the Medical Officers belonging to Group-A(JB) and Group- A(SB) of Odisha Medical and Health Services (OMS) cadre of the State. For proper implementation of the Exit Policy, the detail Bio-data of the Medical Officer in the enclosed prescribed pro-forma as at **Annexure –A** is required.

Concerned Head of Offices (i.e. Directors/ Dean and Principals / Superintendents of Medical Officers / CDMOs / CMO and CMMO) are therefore requested to obtain the duly signed / certified detail bio-data in the prescribed pro-forma enclosed at **Annexure-A** from the Group-A(JB) and Group- A(SB) medical officers under their administrative control and furnish the same to Health & FW Department in the e-mail address- transferperipherydoctor@gmail.com. All the Bio-data form must be duly verified / countersigned by the concerned Head of Offices, scanned and reached in the given address latest by 10.06.2016 positively.

This must be attended on **Top Priority** .

  
Deputy Secretary to Government

**Annexure –A**

**BIO-DATA**

1. Name :
2. Date of Birth :
3. Home District :
4. Permanent address :
  
5. Qualification/ Specialisation, if any :
6. MCI Registration No. :
7. No. and date of posting order :  
(Notification No. Date and OPSC SI No.)
8. Date of joining into Govt. Service :
9. Incumbency

SI No.	Place of posting	From	To	Remarks

10. Training status

SI No.	Description of the training course	Place of training	Duration of the training course	
			From	To

11. Status of leave taken

SI No.	Description of the leave	From	To	Whether sanctioned or not
1.	Study leave			
2.	Earned Leave			
3.	Commutated leave			
4.	HPL			
5.	EOL			
6.	Maternity/ Paternity			
7.	Any other			

12. Those Medical Officers who have completed their stipulated tenure in KBK, KBK+ and TSP areas as per the cadre rule and wish to continue in the same place or wish a posting in any other post in KBK , KBK+ and TSP areas may mention their place of option.

Certified that the above information furnished by me is true to the best of my knowledge and belief and verifiable by records . If any, of the above information is found incorrect , I shall be liable to be proceeded against under OCS(CC&A)Rules, 1962.

Full signature of the Medical Officer  
Date :  
Mobile Phone No.

Counter signed

Seal and signature of the  
Counter signing authority