

**Proforma to be submitted along with application for Career advancement promotion(CAP)**

REF:- GO(P) No: 425/2009/H&FWD dated 14-12-2009  
GO(P) No: 143/2010/H&FWD dated 03-04-2010.

1	<i>Name</i>			
2	<i>Present Designation</i>			
3	<i>Department</i>			
4	<i>Medical College</i>			
5	<i>Date of joining (ENTRY CADRE)</i>			
6	<i>Date of Acquisition of PG ( Date of publication of results or Date of PG certificate)</i>			
7	<i>Date of joining in the present post</i>			
8	<i>Details of Leave availed (other than eligible leave)</i>	<b>Nature of leave</b>	<b>From</b>	<b>To</b>
9	<i>Details of TBCP already enjoyed as per GO(P) No: 145/ 2000/H&amp;FWD</i>	<b>Cadre</b>	<b>Assistant Professor</b>	<b>Associate Professor</b>
		<b>with effect from</b>		
		<b>No: date of the GO</b>		
10	<i>Eligible for CAP as (Specify the cadre as Assistant Professor / Associate Professor / Additional Professor)</i>	<b>1.</b> <b>2.</b> <b>3.</b>		
11	<i>Date of eligibility for Career advancement promotion (CAP)as</i>	<b>Assistant Professor</b>	:	
		<b>Associate Professor</b>	:	
		<b>Additional Professor</b>	:	
12	<i>Clause in the GO applicable in this case (specify sub clause also)</i>			

**Declaration**

I, Dr..... do hereby declare that the details furnished above are true and I am personally responsible for the above mentioned data

Signature of the Doctor

Place  
Date

Recommendations of the Principal :

Signature of Principal with Date