

CIRCULAR

Sub: Tamil Nadu Medical Services –Transfer counseling for the post of Associate Professor / Professor working under the control of the Directorate of Medical Education – Scheduled on 15.09.2016 & 16.09.2016 - Certain instructions issued – regarding.

Ref: Government Letter No. 32441/A1/2016-1 Health and Family Welfare Department, dated: 02.09.2016

The Heads of Institutions under the control of this Directorate are informed that the Transfer counseling for the post of Associate Professor / Professor is scheduled to be conducted at this Directorate of Medical Education on **15.09.2016 & 16.09.2016** as per the Annexure-I enclosed to this Circular.

The Proforma for the Transfer counseling (Format-I) is enclosed herewith. The Heads of Medical Institutions are requested to communicate the same to all the Medical Officers concerned without fail.

Further they are informed that

- **Station seniority will be the criteria for moffussil Institutions and panel / CML seniority will be followed for city Institutions.**
- The Transfer counseling format shall be communicated to all the Medical officers working under their control.
- The Head of the Institution has to prepare the proforma as on date and to vouch for its bonafide. One copy of the certified Proforma particulars (as per the enclosed Format –I) and complete service particulars (as per the enclosed Format – II) has to be handed over to the Medical Officer concerned who is attending the transfer counseling and **another copy should be sent to this Directorate before 08.09.2016 positively.**
- No Medical Officers will be considered for attending Transfer counseling without proforma and complete Service Particulars.
- The format necessarily need to be signed by the Medical Officer and shall be certified for its veracity by the personnel of the Office (Assistant, Office Superintendent, Junior Administrative Officer/Administrative Officer) and by the Dean of the college / Head of the Institution concerned.

2....

- It is informed that furnishing wrong information in the Format / Service Particulars will be viewed seriously and hence utmost care shall be exercised while preparing the same.
- Medical Officers working under the control of this Directorate **alone are eligible** to attend the counseling.
- Medical Officers should report at this Directorate one hour before the scheduled time (i.e Forenoon session 9.00 AM and Afternoon session 1.00 PM)

R.Vimala
Director of Medical Education

True Copy / Forwarded


Deputy Director of Medical Education (A&R)

To

All the Heads of Medical Institutions under the control of this Directorate.

Copy submitted to
The Secretary to Government,
Health and Family Welfare Department,
Secretariat, Chennai -9

PA to Honorable Minister for Health, Secretariat, Chennai - 9

Copy to:
The Joint Secretary / Deputy Director of Medical Education (Admin)
The Law Officer
The Manager
PC to Director of Medical Education

} **Office of the DME
Chennai-600 010**

ANNEXURE -I

Transfer Counseling Schedule for Associate Professors / Professor

Venue : Directorate of Medical Education, Kilpauk, Chennai.
Date : 15.09.2016 & 16.09.2016.
Reporting Time : 09.00 AM Forenoon Session & 1.00 PM Afternoon Session.

Date	Session	Name of Specialty
15.09.2016	Forenoon 10.00 AM	Dermato Venereo Leprosy, Psychiatry, General Medicine, Thoracic Medicine, Radiology, Radiotherapy, Physical Medicine and Paediatrics.
	Afternoon 2.00 PM	Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Forensic Medicine, Community Medicine, Pharmacology and Blood Bank.
16.09.2016	Forenoon 10.00 AM	General Surgery, ENT, Ophthalmology, Obstetrics and Gynaecology, Orthopaedics and Anaesthesia
	Afternoon 2.00 PM	Dental Surgery, Hepatology, Hematology, Medical Oncology, Neonatology, Nephrology, Neurology, Cardiothoracic Surgery, Plastic Surgery, Neurosurgery, Paediatric Surgery, Surgical Gastroenterology, Surgical Oncology, Urology and Vascular Surgery.

R.Vimala
Director of Medical Education

True Copy / Forwarded


Deputy Director of Medical Education (A&R)

FORMAT- I

PROFORMA FOR TRANSFER COUNSELLING 2016-2017

SPECIALITY :		CML : 2010 :							
1.	Name & Designation of the Medical Officer	:							
2.	Date of Birth as per Service Register	:							
3.	Date of entry in to Govt. Service	:							
4.	Govt. Order No & Date in which Promoted as Associate Professor	:							
5.	Date of joining in the present station as Associate Professor	:							
6.	Whether Refitment and re-designation made as Professor as per G.O.(Ms) No. 354, dated 23.10.2009 (or) not	:							
7.	Total Service rendered in the present station	:	<table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr><tr><td></td><td></td><td></td></tr></table>	YY	MM	DD			
YY	MM	DD							
8.	Leave taken in the present station (Details should be shown clearly, except C L & COL) (i.e EL /UEL on MC / UEL on PA / EOL on MC / EOL on Loss of Pay etc.)	:							
9.	Net service in the present station	:	<table border="1"><tr><td>YY</td><td>MM</td><td>DD</td></tr><tr><td></td><td></td><td></td></tr></table>	YY	MM	DD			
YY	MM	DD							
10.	Whether any Transfer orders issued due to Administrative reasons if so the details there on	:							
11.	Whether service particulars enclosed	:							

12.	Remarks of the Heads of Institutions	:	
13.	Options of the Medical Officers (To be given by the Medical Officer at the time of counseling)	:	

Signature of the Medical Officer

CERTIFICATE

Certified that the particulars furnished above from Sl. Nos. 1 to 11 are found correct with reference to the available particulars such as Service Register, Files etc.

Assistant / Office Superintendent / JAO (or) A O Heads of Institution.

FORMAT-II

SERVICE PARTICULARS

1.	Name of the Medical Officer	:									
2.	Present Designation	:									
3.	Department in which working	:									
4.	Institution in which attached	:									
5.	Date of Birth	:									
6.	Date of Retirement	:									
7.	Date of joining into Govt. Service	:									
8.	Date of Regularization	:									
9.	Date of Completion of Probation	:									
10.	CML 2010	:									
11.	Date of Passing Medical Code	:									
12.	Date of Passing Account Test	:									
13.	Whether any Disciplinary action is pending / contemplated, if so details may be furnished.	:									
14.	Whether any punishment is under currency, if so details may be furnished along with the copy of G.O (or) any other orders in which punishment imposed on him/her.	:									
16.	<u>Educational Qualification</u> Degree /Super Speciality :	:	<table border="1"><thead><tr><th>Mention MD/MS/DM& MCh with Speciality</th><th>Month and Year of Passing</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>	Mention MD/MS/DM& MCh with Speciality	Month and Year of Passing						
Mention MD/MS/DM& MCh with Speciality	Month and Year of Passing										

