

**INDIVIDUAL DETAIL OF THE MEDICAL OFFICERS OF INDIAN SYSTEMS OF  
MEDICINE**

NAME :

DESIGNATION :

Audit No. with Date :

Name and address of Institution with District, Taluk & Municipality/Panchayath the Officer has worked & now working on Revised pay	Period		HRA drawn	Whether Eligible of Hill Tract Allowance or Not	Whether the place is in Rural or Difficult Rural	Rate of Rural Allowance Admissible	Date of option to the new scale of pay
	From	To					

Declaration: I, ..... hereby solemnly affirm that the details given above are correct and true, if any error is found I shall repay the excess allowance drawn to the Government.

Place:

Date:

Seal

Counter Signature of DMO