APPLICATION FOR DECLARATION OF PROBATION

(GAZETTED/NON-GAZETTED)

1.	Name of Employee	:
2.	Designation and station now	
	working	•
3.	Present pay and scale of pay	:
la)	Nature of appointment	:
b)	Advice No. / Government Order &	
	date	·
c)	No. & date of appointment order	:
d)	No. & date of order in which he/she	
	was placed under probation	•
e)	Date of entry in service	:
5.	Details of station in which he/she	
	was placed under probation	:
6.	Date of commencement of	
	probation	:
7.	Period of probation	:
8.	Normal date of completion of	
	probation	:
9.	Details of leave taken during the	
	period of probation.	:
10.	Test to be passed during the period	
	of probation.	:
11 I	Details of Test passed with date:	

11	l. Details	of Tes	t passed	with	date:
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Test	Year of Passing	Register Number
Kerala Service Rules		
Kerala Financial Code Vols. I & II and		
Kerala Budget Manual		
Introduction to the Indian Audit & Accounts		
Parts I & II and Kerala Account Code Vol. I		

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Kerala Treasury Code Vols. I & II and					
Kerala Account Code Vol. I & II					
Kerala Education Act and Rules					
12 . I	Last date of examination/ test	:			
13. I	Details of:				
(a)	GPF (A/C No. Date etc.)				
(b)	SLI Scheme (A/C No. Date etc.)				
(c)	GIS Scheme (A/C No. Date etc.)				
(d)	NPS (PRAN, Date etc.)				
(e)	Whether above details have been				
	entered in the service book/				
	Gazetted Entitlement Register				
1.4	Details of disciplinate action if such				
14.	Details of disciplinary action if any pending against him/her	:			
15.	Details of suspension/ punishment				
13.		•			
	or awarded, if any or given during	٠			
16	the period of probation				
16.	Whether increment has been	:			
17	awarded during the probation				
17.	Basic Knowledge in computer				
	applications: NA (In case of	:			
	teachers) [G.O.(Ms) No. 89/2011/G.				
18.	Edn. dated 22-3-2011] Remarks		Regularization order	no	
10.	Remarks	•	Regularization order	no.	
	I ***** *** * * * do hereby declare that the particulars given above are true to				
the best of my knowledge and belief.					
Place: Signatur		e:			
Date:			Name: ****	* ******	
		i willo.			

Designation: