

EMPLOYEE OBJECTION SHEET – DRAFT SENIORITY LIST (Para-Medical - B)

EMPLOYEE DETAILS (To be filled by the employee)

Sr. No. in Draft All India Seniority List. _____

Details	Detail as per Consolidated Draft Seniority List	Correction required, duly verified with ERP/ Service Records (If any).
Cadre of Employee		
Name of Region		
Sr. No. in Regional Seniority List.		
Name of Officer		
Educational Qualification		
Employee No.		
Category		
Date of Joining in Cadre (DD-MM-YYYY)		
Date of Birth (DD-MM-YYYY)		
Add/ Rectification in any of provided Date (if any)		

Statement of facts/ Grounds for objection (Max. 500 words, Typed Only)
(Please attach only required personal official documents. Do not attach DOPT Guidelines or Circulars.)

Date: _____	Signature of Employee : _____

It is Certified that the above **correction required** by the Officer at column-3, has been **verified and found correct**.

Signature of **OS/AD**
(Estab/Admn Br.)
with Date:

Name & Designation
(With Seal):