

B FORM

01.	Name of Decentralized Unit	:		
02.	Name of Designation of the Immediate Supervisor Officer	:		
03.	Name of Officer	:		
04.	Designation	:		
05.	Date of 1 st Appointment	:		
06.	Date of Permanent Appointment	:		
07.	Service of particulars during Probationary	:		
08.	Particulars of special conditions prescribed on letter of appointment and whether they have been fulfilled	:		
09.	Date confirmation due	:		
10.	Recommendation of the Immediate Supervising Officer			
	(a)	Work & Conduct	:	Very Good / Satisfactory / Unsatisfactory
	(b)	Mental and Physical Fitness	:	Very Good / Satisfactory / Unsatisfactory
	(c)	General Efficiency	:	Very Good / Satisfactory / Unsatisfactory
<p>Date:</p> <p style="text-align: right;">..... Signature of Immediate Supervising Officer</p> <p style="text-align: right; margin-top: 20px;">My No:</p> <p style="margin-top: 20px;"><i>Recommendation of the Head of Decentralized Unit</i></p> <p>I recommend for confirmation on appointment.</p> <p style="text-align: right; margin-top: 20px;">..... Head of the Department</p>				