

**KERALA HEADLOAD WORKERS WELFARE BOARD, ERNAKULAM**  
**PROPOSAL FOR DECLARATION OF PROBATION IN THE POST OF**  
**WORKING IN THE OFFICE OF THE HEADLOAD WORKERS WELFARE BOARD,**  
**ERNAKULAM**

1. Name of Incumbent :
2. Designation :
3. Period of probation :
4. No & date of order of appointment in the present post :
5. Date of commencement of continuous service in the post :
6. Date commencement of probation :

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7. Details of leave taken Break of service/dies non/during the period of probation	EL	HPL	LWA
	From-To	From-To	From-To

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8. Normal date of completion of probation :
  9. Date of completion of probation :
  10. Report about the work and conduct of the Officer :
  11. Details of M.O.P. passed (Please Attach an attested copy of the Certificate) :

Place :  
Date :

**PROFORMA - A**

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Sl. No.	Name	Designation	Date of commencement of probation	Details of leave other than casual leave availed by the incumbent	Unauthorised absence etc. if any
1	2	3	4	5	6

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Place :  
Date :

**CHIEF EXECUTIVE**

**PROFORMA – B**

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	Instance of lapses if any in Official duties/misconduct for Which explanations called for (Specify Memo No. & date)	Opinion of the Superior Officers other than Head of Office on the probationer on his work/character	General Opinion of the Head of Office on the conduct and Character of the probationer
2	3	5	6

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**CHIEF EXECUTIVE**