

TRANSFER REQUEST APPLICATION

1	Name	
2	Designation	
3	Date of Birth	
4	Date of Retirement	
5	Gender	
6	Marital Status	
7	Native Revenue Dist.	
8	Native Revenue Division	
9	Native Revenue Mandal	
10	Date of Joining in the Dept.	
11	Date of Joining in the present post in present office	
12	Present place working – office address	
13	% HRA drawn in the present office	
14	Whether he/she is president of General Secretary at Division/State level of Recognized association	
15	Whether spouse is employee of state Govt./Central Govt/Public sector under taking/Local Body - Yes/No	
16	<p>State whether claiming special benefit under : Yes/No</p> <p>a. Long standing employee downwards.</p> <p>b. Employee working in “hardship areas”</p> <p>c. Employee with out standing record on request.</p> <p>d. Employees with disabilities of 40% or more as certified by a competent authority as per “persons with Disabilities (PWD) (Equal opportunities protection of rights and full</p>	

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	<p>participation) Act, 1995.</p> <p>e. Husband and wife cases (only one of the spouses shall be shifted following the prescribed procedure.)</p> <p>f. Employees having mentally retarded children to a place where medical facilities are available.</p> <p>g. Cases of compassionate appointment, unmarried girls.</p> <p>h. Medical grounds for the diseases (either self or spouse or dependent children and dependent parents) or Cancer, Heart Operations, Neuro - surgery, Bone TB, Kidney transplantation to places where such facilities are available.</p>	
17	% of Target achieved	
18	Whether preferential benefit utilized with last 10 Years: Yes/No.	
19	Places of Preference	
20	Other information if any	

Signature of the applicant

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DECLARATION

I, _____ hereby declare that the particulars furnished by me are correct to the best of my knowledge and belief. I know that if any particulars are found to be incorrect on verification, I will be liable for disciplinary as well as criminal action. All the required certificates/documents in support of above facts are enclosed.

Signature

Name of the applicant:

Designation :

Date :

CERTIFICATE

Certified that the particulars furnished by the applicant are verified with reference to certificates/documents/Service Register of the individual and found correct.

Signature of the Head of the Institution
Designation with stamp

Note: The person who has submitted false information or certificates and the officers who have counter signed the information will be liable for disciplinary action as well as criminal action.