

PROFORMA
APPLICATION FOR GENERAL TRANSFER

1. Name :
2. Designation :
3. Name of present institution :
4. Date of retirement :
5. Date of appointment in the department
 - (a) KPSC Advice No. & Date/ G.O No.
and by which appointment is made
& Name of DRB :
 - (b) Appointment Order No. and date
in the case of those who those got
got appointment other than PSC :
 - (c) Name of Dist. Of option in the case
of Sl. No. 5 (b) :
 - (d) Details of Inter District Transfer
 - (i) Order No & Date :
 - (ii) Date of joining in each District :
 - (e) Whether transfer is obtained on the
basis of dependent of Jawan etc/if :
so details
6. Date of appointment in the present post:
7. Date from which working
 - (a) In the present District :
 - (b) In the present Station :
8. District in which originally recruited(in
Case of District wise recruitment)
9. Native District :
10. Previous History :

Sl. No.	Name of Station	From	To	Reason for transfer

11. Station to which transfer is required for

Name of institution	District	Specify name in order of preference
1	2	3
		1.
		2.
		3.
		4.
		5.

12. If transfer is not required and incase transferred on administrative necessity, Station preferred to be posted in order of preference
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

13. Specify, special reason of including protection from transfer, if any (/Retirement/ Inter Caste Married : Couples/SC/ST/Department of Jawan/ Spouse employee/ Widow/widower and physically handicapped Period of service of Tribal remote are enclosed as etc) (Evidence should be enclosed)

14. Whether availed any kind of leave except Casual leave and Maternity leave, while working in the present Station. If availed, give full details such as date of avail period nature of leave and date of rejoining. Also specify whether it is sanctioned:

15. Details of working arrangement/ deputation to District other than posted, in the present category. :

16. Signature of Applicant :

17. Date

Recommendation of the Head of Institution/Office

Recommended/Not Recommended

District Medical Officer of Health