

TRANSFER REQUEST APPLICATION

	CFMS ID ::	:	TREASURY ID ::
01	Name of the Employee	:	
02	Designation	:	
03	Date of Birth	:	
04	Date of Retirement	:	
05	Gender	:	
06	Marital Status	:	
07	Native Revenue District	:	
08	Native Revenue Division	:	
09	Native Revenue Mandal	:	
10	Date of Joining in the Department	:	
11	Date of Joining in the Present post in present office	:	
12	Present place of working – Office Address	:	
13	% HRA Drawn in the present Office	:	
14	Whether he/she president or 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	Coming Under which category a. 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 participation Act 1995) b. Husband and wife cases (only one cases of the spouses shall be shifted following procedure) c. Employees mentally retorted children to a place where medical facilities are available	:	

	<p>d. Widows on compassionate appointments</p> <p>e. Medical grounds for the deceases (either self or spouse or dependent children and dependent parents) of Cancer, Open Heart Operations, Neuro-surgery, Kidney transplantation to places where such facilities are available</p>		
17	Marks obtained in the performance criteria		
18	Places of preference		<p>1.</p> <p>2.</p> <p>3.</p>
19	Other information if any	1	
20	Whether self appraisal enclosed		

Dated:

Place:

Signature :

Name :

Designation :

Working in :

DDO Remarks

with Signature & Seal ::

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. The Head of the Institute shall furnish marks on the individual performance in the Proforma and

Head of the Institution
with seal