

PRESCRIBED FORM OF APPLICATION FOR TRANSFER

Name of Employee:			
Designation:			
Place of Posting:			Self Attested Photo
Present District:			
Date of Joining under NR	HM:		
Date of Joining in the pres	ent place of posting:		
Applying transfer to Distri	ct:		
H. No:	C/o:		
Vill:	PO:		
PS:	Dist:		
PIN:	Landmark:		
Contact Number:			
E-mail ID:			
	ove are to the best of my kneet to any action the Authority		
Date:		Signature of l	Employee
_	ents needs to be submitted alocertificate (NOC) regarding	ong with the application.	DHS of

- respective district.
 2. Copy of Selection letter
- 3. Copy of Contract Agreement.