



PRESCRIBED FORM OF APPLICATION
FOR MUTUAL TRANSFER

Date: _____

Employees Details:

Sl	Name of Employee	Designation	Present Place of Posting & Present District	Apply for transfer to Health Institution with District name
1				
2				

Self Attested
Photo

Self Attested
Photo

Signature of Employee (Sl. 1)

Name:

Contact Number:

(2) Signature of Employee (Sl. 2)

Name:

Contact Number:

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The following documents needs to be submitted along with the application.

- No objection certificate (NOC) regarding transfer from the Jt. DHS of respective district.
- Copy of Selection letter
- Copy of Contract Agreement