



**PRESCRIBED FORM OF APPLICATION FOR EMPLOYEES SEEKING OTHER EMPLOYEES
FOR MUTUAL TRANSFER**

Name of Employee:

Designation:

Place of Posting:

Present District:

Date of Joining under NRHM:

Date of Joining in the present place of posting:

Self Attested
Photo

Seeking transfer to:

District Preference	Name of District	BPHC Preference	Name of BPHC
1 st		1 st	
		2 nd	
		3 rd	
		Any BPHC	[] (Please tick)
2 nd		1 st	
		2 nd	
		3 rd	
		Any BPHC	[] (Please tick)

Permanent Address:

H. No:

C/o:

Vill:

PO:

PS:

Dist:

PIN:

Landmark:

Contact Number:

E-mail ID:

The facts stated above are to the best of my knowledge and belief. In case on my false statement, I am liable to any action the Authority may deem fit and proper.

Date:

Signature of Employee