

## Transfer Request Application

**(Application Form only for 5 years and above 5 years station seniority (or) 3 years and above 3 years station seniority in plain area (or) 2 years and above 2 years station seniority in Agency area with the exception of local cadre employees belonging S.T. Community as on 01.06.2016)**

1. Name	
2. Designation	
3. Date of Birth	
4. Date of Retirement	
5. Gender	
6. Marital Status	
7. Native Revenue District	
8. Native Revenue Division	
9. Native Revenue Mandal	
10. Date of Joining in the Department	
11. Date of Joining in Present Station (City, Town, Village) ( including all cadres continuity)	
12. Present Place of working – Office address	
13. % HRA drawn in the present office	
14. Whether he/she is President/General Secretary or Any Office Bearer At Division/State level of Recognized Association.	
15. Whether he/she worked in agency area earlier. If so, when he/she worked in agency area along with place of working	
16. Whether spouse is employee of State Govt. /Central Govt./ Public Sector Under taking /Local Body. If Yes, How many times utilized the facility under spouse grounds within last ten years.	
17. State whether claiming special benefit under (Only for 3 years & above 3 years employees of station seniority)	
a. Employees with disabilities of 40% or more as certified by a competent authority as per "persons with disabilities". b. Husband and Wife cases (only one of the spouses shall be shifted following the prescribed procedure). c. Employees having mentally challenged children to a place where medical facilities are available. d. Widow employee appointed on Compassionate appointments. e. Medical grounds for the diseases (either self or spouse or dependent children and dependent parents) of Cancer, Open Heart Operations, Neuro Surgery, Kidney Transplantation to places where such facilities available.	
18. Places of preference	1
	2
	3
19. Other information if any	

Signature of the Applicant

Attested By

Drawing and Disbursing Officer

**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.

**Signature of the Head of the  
Institution**

**Designation with Stamp**

**Note: The person who has submitted false information or certificates and the officers who have counter signed the information will be liable for disciplinary action as well as criminal action.**