

Requested to be noted for Annual Transfer of Grade Medical Officers – 2017

1. Personal Details:

- a) Name of Applicant with Initials : _____
- b) Full Name : _____

- c) Contact No : _____
- d) NIC No : _____
- e) SLMC No : _____
- f) Permanent Address : _____

- g) E-mail Address : _____

2. Present Work Station Details:

- a) Work Station : _____
- b) RDHS Area : _____
- c) Present Post : _____
- d) Appointment Type (Permanent or Temporary) : _____
- e) If Permanent, Duty Reported Date to that Station : _____
(Attached duty reporting letter of the current permanent station)

I hereby certify that the above particulars are corrected and confirm to be noted for the Annual Transfer of Grade Medical Officers 2017.

Signature of Applicant

Date

Observation and Recommendation of the Head of Institution

I certify the particulars furnished by the applicant, are correct. (State any incorrect information, if furnished by the applicant)

Signature and Stamp of Head of Institution

Date