

**Request to be noted for Annual Transfer of Grade Medical Officers – 2015**

1. Personal Details:

a) Name of Applicant with initials:-

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b) Full Name:-

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c) Contact No:-

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d) NIC No:-

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e) SLMC No:-

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f) Permanent Address:-

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g) E-mail Address:-

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2. Present Station and Present Post:-

a) State whether you are appointed to present station on permanent, temporary basis or reattached:-

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b) If temporary or reattached, state the present station:-

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c) Date of the reported to the permanent station:-

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d) Attached duty reporting letter of the current permanent station:-

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I certify that the above particulars are correct and confirm to be noted for Annual Transfer of Grade Medical Officers 2015

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Date

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Signature of the Applicant

**Observation and Recommendation of the Head of the Institution**

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

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Signature of the Head of the Permanent Institution

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Date