

Request to be noted for Annual Transfer of Grade Medical Officers - 2016

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 Station and Present Post:-

- a) State whether you are appointed to present station on permanent, temporary basis or reattached :-
 - b) If temporary or reattached , state the permanent station:-
 - c) Date of the reported to the permanent station:-
- (Attached duty reporting letter of the current permanent station)

I certify that the above particulars are correct and confirm to be noted for Annual Transfer of Grade Medical officers 2016.

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Date

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Signature of applicant

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)

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Signature of Head of Institution

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Date