

(Annexure -01)

ANNUAL TRANSFER OF SENIOR MEDICAL ADMINISTRATIVE GRADE-2015
(SPECIMEN APPLICATION FORM)

| | | | | |
|---|--|--------|---------|--|
| 1 | Name of the applicant: | | | |
| 2 | Date of Preliminary Grade Appointment: | | | |
| 3 | Date of assuming duties at present post: | | | |
| 4 | Date of appointment to Acting/Covering up post in Senior Administrative Grade: | | COV | |
| 5 | Date of appointment to permanent post in Senior Administrative Grade: | | SAG | |
| 6 | Present post: | | | |
| 7 | Contact Number | Office | Private | |

STATION SELECTED BY THE APPLICANT IN ORDER OF PREFERENCE

| Order | Station | Order | Station |
|-------|---------|-------|---------|
| 1 | | 21 | |
| 2 | | 22 | |
| 3 | | 23 | |
| 4 | | 24 | |
| 5 | | 25 | |
| 6 | | 26 | |
| 7 | | 27 | |
| 8 | | 28 | |
| 9 | | 29 | |
| 10 | | 30 | |
| 11 | | 31 | |
| 12 | | 32 | |
| 13 | | 33 | |
| 14 | | 34 | |
| 15 | | 35 | |
| 16 | | 36 | |
| 17 | | 37 | |
| 18 | | 38 | |
| 19 | | 39 | |
| 20 | | 40 | |

I do hereby certify that the above particulars are true and correct.

Signature of applicant.....

Recommendation of the Head of Institution - Recommended & forwarded.

Signature.....