

**SPECIMEN FORM FOR NORTH & EAST TRANSFER**

2015.05.19 Post Intern Main Batch

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01. (a) Name of applicant (with initials) (Use Block Letters) :-

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.....

(b) Name denoted by initials: -

.....  
.....

02. Merit No. :- .....

03. National Identity Card No (Please attach a photocopy):-

.....

04. Present Work Station & Present Post: -

.....  
.....

05. Permanent Address: - .....

.....  
.....

06. Telephone Number: - .....

07. E-mail address: - .....

08. (a) Date of post intern appointment:-.....

(b) Date of appointment to the Present Post (Please attach letters): -

.....

(c) Date of appointment to the present Station (Please attach letters):-

.....

09. List of appointments held with dates (Include temporary posts):-

Institution & Post	<u>Date</u>	<u>Period</u> <u>Month</u>	<u>Year</u>
i. ....	.....	.....	.....
ii. ....	.....	.....	.....
iii. ....	.....	.....	.....

10. (a) Whether is on transfer order :- .....

(b) If YES,

What is the transfer order letter number and Date: - .....

Why not released from the station: - .....

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**11. Particulars of Maternity leave (if applicable) (Please attach Documents):-**

.....

**12. Preferences**

Institution	Post
01	
02	
03	

\* Please use a separate sheet if this space is insufficient.

**I certify that I have completed minimum one year active service period in station in Northern & Eastern Provinces.**

**I certify that the above particulars are complete, true and accurate.**

**I note that if any incorrect information is given my application is liable for rejection.**

.....  
Date

.....  
Signature of Applicant

Recommendation of the Head of Institution.

.....  
**I certify that Dr. .... has been  
in active service in my institution form .....**

**Recommended / Not recommended and forwarded  
Replacement necessary/ Can be released without replacement**

.....  
Date

.....  
Signature of Head of Institution

Recommendation of the Head of Decentralized Unit

.....  
.....

**Recommended / Not recommended and forwarded.  
Replacement necessary/ Can be released without replacement**

.....  
Date

.....  
Signature of Head of Decentralized Unit