

(Annexure -01)

**ANNUAL TRANSFER OF SENIOR MEDICAL ADMINISTRATIVE GRADE-2018**  
**(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.....