

APPLICATION FORM FOR TRANSFER

1.	Name and Designation of the Applicant	:	
2.	Office / Institution in which working at present	:	
3.	Date from which serving in the present office / Institution	:	
4.	Date of Superannuation	:	
5.	Region to which he / she belongs	:	
6.	Permanent Residential Address	:	
7.	Present Residential Address	:	
8.	Details of previous service rendered in various offices / Institutions from the date of his / her initial appointment		

Sl. No.	Designation	Office / Institution	From	To

9.	Whether working for the present on service placement. If so, furnish the details			
Sl. No.	Name of the institution to which service placed presently	Date from which working		
1				
Sl. No.	Name of the institution to which service placed earlier	Date from which working	To	
1.				
2.				
3.				

10.	Whether his / her spouse is a Government Servant, if so, present place of posting of the spouse	:		
11.	Place / Office / Region to which transfer applied for in the order of preference (Mention atleast three places)	:	Puducherry / Karaikal / Mahe / Yanam 1. 2. 3.	
12.	Reasons for transfer applied for	:		
13.	Details of all kinds of leave (other than CL and RH) taken during the period of present posting (for the past three years / two years / one year wherever applicable)			
	Sl. No.	Details of Leave	Total No. of day(s)	Whether sanctioned by the Competent Authority
	1.	Earned Leave		
	2.	Commuted Leave		
	3.	Maternity Leave		
	4.	EOL with Medical Certificate		
	5.	EOL without Medical Certificate		
	6.	Child Care Leave		
	7.	Unauthorized Absence		
	8.	Study Leave		
	9.	Other Kinds of Leave, if any		

Place :

Date :

NAME & SIGNATURE OF APPLICANT

Recommended & Forwarded. The service particulars furnished by the applicant against SI.Nos. 8, 9 & 13 have been verified and found correct.

SIGNATURE OF HEAD OF OFFICE /
INSTITUTION WITH DATE

Recommendations of DHFWS

SIGNATURE OF HEAD OF
DEPARTMENT WITH DATE