

Annual Transfers of the Development Coordinators who have completed 05 years of service in one work place as at 01.03.2017- Application for Appeals

01. I. Full name of the officer:
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II. Attached service:

III. Class:

IV. Grade:

V. Service station:

VI. Permanent address:

VII. Resident address:

VIII. If the residence is to be changed in 2018, new residential address:

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02. Service station to which the transfer was made:

03. My request is to cancel/amend the transfer.

04. Reasons for submitting an appeal: (State overleaf with written evidence)

05. The service station that should be provided/amended:

06. Other facts:

.....

Date

.....

Signature of the Officer

Observations of the Head of Department:

I. As per the office information, the above particulars are correct.
Other facts that need to be mentioned are available/not available (State below if available)

II. The above appeal is recommended/not recommended.

Date:

.....

Signature of the Head of Department
(Official Stamp)

(Delete inappropriate words. Incomplete applications shall not be considered by the appeal board. Additional information, if any, should be given overleaf)