

**DIRECTORATE OF PUBLIC HEALTH & FAMILY WELFARE, AP**

**APPLICATION FOR TRANSFERS-2018**

[Tick Mark (√) on appropriate box]

G.O.Ms No.57, Fin(HR.I-PLG& Policy) Dept., Dt.08-05-2018

Ground:      Mutual       Request

1	Employee - ID	:	
2	Name of the Employee	:	
3	Designation	:	
4	Mobile No	:	
5	Office, where he/she is Presently working	:	
6	Date of Birth	:	
7	Cadre	:	
8	Date of Joining in the Present Station	:	
a	Period of Stay in the Present Station as on 01-05-2018 (YMD)	:	
9	<b>I If applying Transfer on Mutual Grounds details of the employee given consent</b>		
	Place opted for Mutual	:	
a	Name of the Employee working in that Place	:	
b	Employee ID	:	
c	Mobile No. of the Employee	:	
d	Date from which working in the station	:	
e	Period of stay in the present station	:	
f	Name of the employee against whom the mutual transfer applied and furnish details of the employee	:	
II	<b>If applying transfer at request against clear vacancy Shall fulfil one of the following conditions</b>		
	Place opted on request	:	1. 2. 3.
a	Visually Challenged person [Certificate should be enclosed]	:	Yes / No
b	Employees with Disability of 40% or more [Certificate should be enclosed]	:	Yes / No

c	Husband and Wife Cases	:	
i	Name of the Spouse	:	
ii	Designation of the Spouse	:	
iii	Office of the Spouse	:	
iv	Date from which the spouse is working in that Station [Latest Spouse Employment Certificate from the Head of the office of the Spouse with Office seal, Signature and date and also confirming that the Spouse has not utilized this facility for the last 8- years should be enclosed.]	:	
d	Employees having Mentally Challenged children	:	
e	Widow employee appointed on compassionate basis	:	
f	On medical grounds [Self/spouse/Dependent Children/Dependent parents] Cancer, Open Heart Operation, Neuro Surgery, Kidney Transplantation [Certificate should be enclosed]	:	

Certified that the above information is true to the best of my knowledge. I will be held responsible for any false information

**Signature of the Employee**

Certified that the above information is verified with record available in this office and forwarded as it is in order.

**Sign of the DDO**

**Signature of the Controlling Officer**