

TRANSFER CUM OPTION APPLICATION

1	Name	:	
2	Designation	:	
3	Date of Birth	:	
4	Date of Retirement	:	
5	Gender	:	
6	Marital status	:	
7	Length of total service as Govt. servant	:	
8	Date of joining in the Present cadre and station where joined	:	
9	Date from which working in the present station (Services in all cadres at a station will be counted while calculating the period of stay)	:	
10	Present place of working	:	
11	Total length of service in the present station as on 01.06.2016	:	
12	Whether the claiming under a) Disability b) Spouse category c) Having Mentally challenged children d) Widow employee e) Medical grounds	:	
13	If claiming transfer on spouse case, please furnish the following with relevant documentary evidences	:	
	a) Name of the spouse	:	
	b) Designation	:	
	c) Department in which he/she is working i) Government ii) Government under taking / University iii) Local bodies d) Present place of working	:	
14	If claiming transfer on medical grounds. a) Name of the patient b) Relationship with the applicant c) Disease (as specified in G.O.) i) Cancer ii) Open Heart operations iii) Neurosurgery iv) Kidney transplantation	:	
15	Are you an office bearer of recognized employees union? (in case of President/General Secretary) i) Name of the union ii) Regd. No.	:	
16	Place of preferences of transfer: a) b) c)	:	

I hereby declare that the particulars furnish above by me are correct.

Signature

SELF APPRAISAL REPORT

Name:

Designation:

Present Station:

Period of work:

Nature of Duties:

Power of taking responsibility:

Punishments, Censures or special recommendations
during the period:

Problems confronted:

The way adapted to overcome the problems:

Overall Result:

Achievements during the period as officer:

Grading on the performance of work:
(Outstanding / very good / Good/ Satisfactory)

Place:

Date:

Signature of the Employee:

Designation: