

GOVERNMENT OF INDIA
MINISTRY OF COMMUNICATIONS
DEPARTMENT OF TELECOMMUNICATIONS

01. Name :
02. Designation with present address :
03. Father's Name :
04. Staff No. :
05. Date of Birth :
06. Date of Superannuation :
07. Circle / Unit / SSA where :
transfer is sought
08. Month in which academic :
session of wards ends
09. Educational Qualification & :
Branch of Specialisation
10. Details of previous postings :

Sl No.	Name of the Post	From	To	Unit/SSA/Circle

11. Ground on which transfer is sought :
12. Date of joining in tenure Circle :
13. Date on which completing tenure :
14. Any other details which the :
individual may like to state

Date:

Signature of the Officer

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For Office Use :-

- Certified that the facts given by the officer has been verified from records and the same have been found to be correct
- Certified that no vigilance or disciplinary case is either pending or contemplated against the officer
- The request of the officer for transfer is recommended /not recommended. The officer can be relieved with/without substitute.

Chief General Manager