

Transfer Request Application

CFMS ID

Treasury ID

1	Name of the Employee	
2	Designation	
3	Date of Birth	
4	Date of retirement	
5	Gender	
6	Marital status	
7	Native District	
8	Native Revenue Division	
9	Native Revenue Mandal	
10	Date of Joining in the Department	
11	Date of Joining in the Present post in present office and length of service in present post	
12	Present place of working - Office Address	
13	Urban/Semi Urban/ Rural/ Tribal	
14	Whether he/she president or General Secretary at District/State/ Division/ Mandal level of Recognized Association	
15	How many terms (years) the individual utilized the provision as office bearer for transfers	
16	Whether spouse is employee of State Govt./ Central Govt./ Public Sector under taking/Local Body Yes/No If Yes, place of present working	
17	Coming under which category a).Employees with disabilities of 40% or more as certified by a competent authority as per "persons with Disabilities(PWD) (Equal opportunities, protection of rights and full participation Act - 1995) b).Husband and wife cases (Only one cases of the	

	spouses shall be shifted following procedure) c).Employees mentally retorted children to a place where d).Widows on complasionate appointments e).Medical grounds for the deceases (either self or spouse or dependent parents) of Cancer, Open Heart Operations, Neuro Surgery. Kidney transplantation to places where such facilities are available	
18	Whether he/ She worked/ working in tribal Areas(Pl Mention place and period of working in tribal areas)	Palce years 1 2 3
19	Previously worked places last 15 years	Place years 1 2 3 4
	Places of preferences for present transfers	1 2 3
20	Whether any court cases pending in court regarding transfers	
21	If any other issues	

The above information given by me is best of my knowledge

Date:

Signature:

Place:

Name :

Designation:

Working at:

DDO Remarks

With Signature & Seal: