



GRADE MEDICAL OFFICERS' TRANSFER REQUEST FORM

Name with initials

Permanent address

Contact details

Residence Mobile

E-mail

| Grade | Appointment Date (DD/MM/YYYY) | | | | | |
|-------------|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Post Intern | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Preliminary | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grade 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Grade 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Present Station & Post

Have you completed one year post intern period?

| | |
|-----|----------------------|
| Yes | <input type="text"/> |
| No | <input type="text"/> |

Are you on transfer orders?

| | |
|-----|----------------------|
| Yes | <input type="text"/> |
| No | <input type="text"/> |

If yes, category of transfer:

| Category | Since when (Year & month) |
|-----------------------------|---------------------------|
| Annual | <input type="text"/> |
| Post intern | <input type="text"/> |
| Special appeal | <input type="text"/> |
| Temporary attachment | <input type="text"/> |
| North & East Transfer Order | <input type="text"/> |

Category of Request

| | |
|--------------------------------|----------------------|
| Replacement | <input type="text"/> |
| Temporary Attachment | <input type="text"/> |
| Special Appeal | <input type="text"/> |
| Appeal against annual transfer | <input type="text"/> |
| Other | <input type="text"/> |

Preferred Station & Post

Reason for request

| | |
|----------|----------------------|
| Medical | <input type="text"/> |
| Personal | <input type="text"/> |
| Other | <input type="text"/> |

Documents attached 1
2

Branch union recommendation letter

| | |
|--------------|----------------------|
| Attached | <input type="text"/> |
| Not attached | <input type="text"/> |

I certify that the above particulars are true and correct.

Signature Date

Name of Branch Union

President Secretary

Contact No Contact No

For office use only

Index No. Received Date

Remarks :