

Annexure-I



GOVERNMENT OF SIKKIM
HUMAN RESOURCE DEVELOPMENT DEPARTMENT
TRANSFER APPLICATION FORM

Name in full (BLOCK LETTERS).....Designation:.....
Date of Appointment/Promotion.....Date of Birth:.....
Qualifications:..... CPF/GPF No.....
Name of School.....Dist.....Block.....
Subjects and class taught:.....
Special duty performed, if any (NCC/NSS/Yoga/School Incharge etc.).....
Permanent Address:.....Dist.....
Residential Address:.....Dist.....
Mobile No.Telephone :.....
Transfer sought to:1.....2.....Dist.:.....
Reason(s) for seeking transfer:.....

Details of last five postings:

Sl. No.	O.O No & Date	School	Dist.	No. of years served

Certified that the above information is true.

Date:

Name & signature:

(to be filled in by concerned Joint Directors)

Certified that the above information in respect of Mr./Mrs./Ms..... (name)(designation) of..... (school) has been verified from his/her personal file.

Name & Signature of dealing Clerk with date.....

Vacancy status (if within the district): Yes/No

Signature of Joint Director with seal:

List of Enclosures (for medical cases only):

- 1.
- 2.

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(Acknowledgement Slip)

Received an application for transfer from.....of..... (School)

Application Reference No.Date.....Authorized Signatory