

Transfer Application Form

For the year : _____

(Please Tick ✓ in appropriate boxes)

1	UID NO.				
2	Regt. No.				
3	Rank				
4	Name				
5	Unit				
6	Date of birth				
7	Home State				
8	Mobile No.				
9	Applied for	Annual Transfer	<input type="checkbox"/>	Compassionate	<input type="checkbox"/>
10	Transfer jurisdiction	Within Frontier	<input type="checkbox"/>	Outside Frontier	<input type="checkbox"/>
11	Choices for posting	1 st :			
		2 nd :			
		3 rd :			
12	Ground on which transfer applied	Self	<input type="checkbox"/>	Family	<input type="checkbox"/>
		Medical	<input type="checkbox"/>	Terminal Posting	<input type="checkbox"/>
		Tenure Completed	<input type="checkbox"/>	Child Education	<input type="checkbox"/>
		Couple Case	<input type="checkbox"/>	Domestic	<input type="checkbox"/>
		Mutual Transfer	<input type="checkbox"/>	Other	<input type="checkbox"/>
13	Brief description (Maximum 50 words)				
14	Is there any enquiry i.e Criminal/ DE/ Vig/ others is pending or contemplated.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, Details thereof :				

(Signature of the Applicant with date)

To be filled by Office:

Software generated application Token No.	Date of data fed in e-TS	Details of Transfer Desk clerk				
		UID No.	Rank	Name	Unit	Signature

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Acknowledgement Slip

Received a Transfer Application Form from UID No.Rank.....
 Name..... vide Token no. Dated: DD/MM/YYYY.

Signature of Receiver