



17. Station to which transfer is requested :

	<b>District</b>	<b>Wing</b>	<b>Station</b>
Option 1			
Option 2			
Option 3			

18	Specify Priority if any as per the Government Order:	
19	Reasons for transfer request:	
20	Remarks	

**Declaration**

I, ..... do here by declare that the above mentioned details are true and correct to the best of my knowledge and belief.

Place :

Signature of the applicant:

Date :

Name :

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**Certificate**

Certified that Sri./Smt..... is working as .....  
 ..... in this office and the above particulars furnished by the applicant are verified with office records and found correct.

Place :

Signature of the Controlling Officer :

Date :

Name :

Designation :

*Office Seal*

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**Counter Signed**

Place :

Signature of the Deputy Commissioner :

Date :

Name :

Designation :

*Office Seal*