

## OPTION FORM FOR TRANSFER

01. Name of the Officer/Official :
02. Father/Husband's name :
03. Designation :
04. Staff number :
05. Date of birth / retirement :
06. Whether belongs to SC/ST/PH :
07. Date from which holding the present post :
08. Date from which continuously working in the Present District :

	As	From	To
Cat IV Post			
AG. III			
AG. II			
AG I			
AM			

09. District of choice in the order of priority (Place within the District not to be indicated) : 01. \_\_\_\_\_  
 02. \_\_\_\_\_  
 03. \_\_\_\_\_

10. District where worked for the last ten years viz., from 1989 onwards (nearest month if exact date can't be given) :  
From      To      District

11. Reasons for request (if on serious medical grounds. Past history of Medical record to be enclosed. :
12. Home Town :
13. Any other relevant & vital information. :

I understand that this option shall be treated as a request, on my part, but does not confer any right on me to demand / get a place of choice and that Transfer benefits, entitlement or otherwise shall be regularized according to rules in force.

Station :  
Date :

Signature of the employee  
Name :  
Designation :  
Office :

- i) Particulars furnished by the employees as above / on pre – page have been verified with SR / PF and found to be correct (Blanks, if any, to be filled up by controlling officer).
- ii) Recommended / not recommended.
- iii) Substitute is / is not required.
- iv) Any other remarks / comments of District Manager.

Station :  
Date :

SIGNATURE OF DISTRICT MANAGER