

To

PROFORMA

The Director of Medical Education & Ex-Officio Secretary

Government of West Bengal, Department of Health & Family Welfare,
Swasthya Bhawan, GN-29, Sector-V, Salt Lake City, Kolkata - 700091

APPLICATION FOR TRANSFER AND POSTING OF THE TEACHERS OF THE INSTITUTION

Through Proper Channel

1. Name of the Applicant (in BLOCK letters):

Present Designation:

2. Name of Discipline & Institution:

3. Permanent Address:

4. Date of Birth:

5. Date of Joining in Service under different Cadres:

☐ WBHS: Date: ☐ WBMES: Date: ☐ WBDS: Date:

(b) Mode of Entry: (i) Ad-hoc: (ii) P.S.C:

6. PLACE OF POSTING IN CHRONOLOGICAL ORDER SINCE JOINING SERVICE

Sl. No.	Designation	Place of Posting	From	To
1				
2				
3				
4				
5				
6				
7				
8				
9				

P.T.O.

7. Statement of Leave (Other than C.L., E.L. & Maternity Leave) taken during the last 3 years:

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8. Whether leave has been sanctioned by the appropriate authority? If not, reasons thereof:

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9. Statement of Extra-Ordinary Leave (if applicable). Duration of leave is to be mentioned and whether that leave is sanctioned by the Govt. or not:

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10. Choice of Posting (Mention the name of Zone):

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(Note: This does not entitle the petitioner to any claim for such posting)

11. Ground for which transfer is sought:

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I do hereby declare that the above particulars furnished by me are true to the best of my knowledge & belief.

Date:

Signature of the Applicant with Designation

ADMINISTRATIVE REMARKS AND RECOMMENDATIONS

12. Specific remarks of the Head of the Department regarding the attendance, level, and performance of the applicant:

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Dated:

Signature with Seal of the Head of the Department

13. Recommendation of the Head of the Institution:

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Dated:

Signature with Seal of the Head of the Institution