

PROFORMA

APPLICATION FOR INTER-INSTITUTIONAL TRANSFER- TECHNICAL

1.	Name of the applicant (In BLOCK letters)	:	
2.	Designation	:	
3.	Name of the ICAR Institute where the applicant is presently working	:	
4.	Date of Birth & Age	:	
5.	Gender (Male/Female) If Female, state whether Unmarried/Married/Widowed/Divorced	:	
6.	Whether belongs to SC/ST/OBC/PwD (If yes, enclose documentary proof)	:	
7.	Date of Joining (Technical post in ICAR)	:	
8.	Date of completion of 05 (five) years at present place of posting	:	
9.	Details of post in which initially appointed (i) Category (I/II/III) (ii) Grade (T1,T2,T3 etc.) (iii) Functional Group	:	
10.	Date of confirmation in service	:	
11.	Service details		
	Name of the Institute	Post Held	Pay Scale
			Period
			From To
			Nature of duties performed
12.	Educational qualifications (Additional qualifications may also be mentioned, if any)	:	
13.	Reason for applying for transfer (Short description in approx 80-100 words and attach necessary supporting documents)	:	
(a)	Medical Ground of Self/ Spouse/ Children/Parents	:	
(b)	Working spouse ground (Attach self attested ID of spouse issued by concerned office/department if he/she is employed in ICAR/Central Govt/State Govt/PSU/Autonomous Organizations under Central/State Govt.)	:	
(c)	Superannuation ground (attach certificate from Head of Office furnishing the date of superannuation)	:	
(d)	'Single lady' ground (state details- unmarried/ widowed/ divorced)	:	
(e)	Service in difficult areas (attach certificate from Head of Office furnishing the length of service in difficult areas)	:	
(f)	Other reasons in detail, if any-	:	

(Contd...2p)

14.	Indicate the desired place of posting (strike off which is not applicable)	:	ICAR- CTCRI HQ, Thiruvananthapuram/ Regional Station, Bhubaneswar
15.	No.of instances of 'transfer on request' availed previously	:	
16.	Contact Number (Landline & Mobile)	:	
17.	E-mai ID (<i>ICAR e-mail preferred</i>)	:	
18.	Any other information relevant to the application	:	

DECLARATION

I, _____ hereby declare that all the statements made above are complete and correct to the best of my knowledge and belief. I fully understand that in the event of any information being found false or incorrect at any point of time, I shall be liable for appropriate action as decided by the Competent Authority.

Date:

Signature of the Candidate

CERTIFICATE BY THE HEAD OF OFFICE

Certified that the particulars furnished at S.Nos.1 to 12 have been verified from the service records and found correct. It is further certified that no disciplinary/vigilance cases are pending/contemplated against the applicant.

Signature of Head of office with seal