

DEPARTMENT OF COLLEGIATE EDUCATION

**GOVERNMENT OF ANDHRA PRADESH
APPLICATION FOR REQUEST TRANSFERS**

1. Full Name

2. Designation

3. Native Place and District

4. Date of Birth and Age

5. Date of Retirement

6. College in which the incumbent is

Now working

7. Period of service in the Present Station

8. College where the incumbent has

worked previously (for the last 10 years)

Name and Place of the College	Period of service		Post held
	From	To	

9. Place to which transfer is requested : 1

in order of preference 2

3

10. Reasons for request :

11. Is your spouse employed :

12. If your spouse is employed, furnish :

**the following particulars (Certificate
employment to be attached)**

Name of the Spouse	Place and Institution of employment	Agency of employment			Whether transferable or not
		State	Central	Private	
		Govt.	Govt.		

**13. If you are seeking transfer on
medical grounds (certificate be enclosed)**

14. Are you an NCC/NSS Officer

15. If the answer to the above question is “YES” furnish the following particulars:

Rank/Designation	Whether NCC unit is existing in the college, Number of Cadets to be given	Period during which the post is held	
		From	To

**16. Are you an Office Bearer of any
Recognized Staff Association**

17. If the answer to the above question is “YES”, furnish the following particulars:

Name of the Association	Post held	Tenure of Office
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18. Any other information which the incumbent desires to furnish for considering the request

SIGNATURE OF THE APPLICANT

Remarks of the Principal

Note: without remarks of the Principal

Application will not be entertained

Signature of the Principal with Stamp