

TRANSFER OF WELLNESS CENTER

1. No. of the Identity Card :
2. Name of Govt. Servant :
3. Ministry/Department/Office in which employed. :
4. Previous residential address and Wellness Center from which transferred. :
5. New residential address :
6. Signature/Thumb impression: of the Govt. Servant.
7. New Wellness Center allotted by the issuing authority :
8. Signature & Designation of issuing authority, (with Telephone No.) :
9. Signature of Medical Officer : in-charge Wellness Center from which transferred.
10. Signature of Medical Officer : in-charge Wellness Center to which transferred.

Signature of Applicant

Place:

Date: