

(Specimen Application Form)

**Appeal against Annual Transfers of  
Specialist Medical Officer – 2020**

01. Name of the Applicant:
02. Present Post (Specialty):
03. Present Station:
04. Whether transferred out in the annual transfers year 2020 (Yes/No):
05. If so, new post/station assigned:
06. Preferences to be considered at the appeals board:

01.	
02.	
03.	
04.	
05.	
06.	
07.	

07. Reasons for appeal:

Date: .....

Signature of Applicant

Recommendation of the Head of the Institution.

Date: .....

Signature of the Head of the Institution

Recommendation of the Head of the Decentralized Unit.

Date: .....

Signature of the Decentralized Unit