(Specimen Application Form)

<u>Appeal against Annual Transfers of</u> <u>Specialist Medical Officer of Family Physician – 2022</u>

Name of the Applicant:

Present Post (Specialty):

- 01. Present Station:
- 02. Whether transferred out in the annual transfers year 2021 (Yes/No):
- 03. If so, new post/station assigned:
- 04. Preferences to be considered at the appeals board:

(Please send in a typewritten format)

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

05. 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.

Signature of the Head of Decentralized Uni

Date: