

(Specimen Application Form)

**Calling for Information for review against Annual Transfers of
Deputy Medical Administrative Grade Officers – 2023**

Name of the Applicant:

- 01. Present Station:
- 02. Whether transferred out in the annual transfers year 2023 (Yes/No):
- 03. If so, new post/station assigned:
- 04. Preferences to be considered at the review board:

(Please send in a typewritten format)

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

05. Reasons for review.

Date:

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Signature of Applicant

Recommendation of the Head of the Institution.

Date:

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Signature of the Head of the Institution