

APPLICATION FOR TRANSFER

PART I

Should be completed by the applicant

1. Name with initials : Mr./Mrs./Miss :
2. Date of Birth :/...../..... Age : Dates : Months : Years :
3. Address :
 - 3.1. Permanent Address :
 -
 - 3.2. Present Residential Address :
 -
4. Contact Telephone Number:
5. Civil Status :
6. (a) Present post with date of appointment :
 Present post :
- Date of appointment :
- (b) Whether the applicant is confirmed : Yes / No
7. (1) (a) Present place of work:
 - (i) Name of Institution :
 - (ii) Name of Faculty/Department/Division :
- (b) Period of service at above place of work (As at date of application) :
 Years : Months : Days :
- (c) State whether you have been attached to the above place of work on promotion or on transfer at your request or on punishment :
- (2) Particulars of Loans obtained :

Loan	Balance Amount
1.
2.
3.
8. (a) Have you worked in the University Grants Commission or any other Higher Educational Institution/Institute/Centre for Higher Learning prior to the present appointment? Yes / No
- (b) If so, state :

<u>Place of Work</u>	<u>Length of Service</u>
(1)	From : To :
(2)	From : To :
(3)	From : To :

9. If married and the spouse is employed, state :

(i) His/ Her present post :

(ii) His/ Her place of work :

10. The Institution to which the transfer is sought (only five (05) choices will be considered) :

1st Choice :

2nd Choice:

3rd Choice :

4th Choice :

5th Choice :

11. Reasons for requesting the transfer:

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12. I certify that all the particulars submitted by me herein are true and accurate.

Date :

.....
Signature of Applicant

PART II

To be completed by each appropriate officer concerned and forwarded to the Administrative Officer in charge of the Personal File

13. Recommendation of the Head of Department/Division

Recommended /Not Recommended (If not recommended, give reasons)

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Date :

.....

Signature
Head of Department/Division



14. Recommendation of the Dean of the Faculty

Recommended /Not Recommended (If not recommended, give reasons)

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Date :

Signature
Dean of Faculty



Note : In the case of an applicant attached to the Dean's Office, the Dean should complete both columns 13 & 14.

15. Chairman (UGC)/Vice- Chancellor/Secretary (UGC)/Registrar/ Rector/ Director

- (a) Whether the applicant is confirmed in his/her present post? Yes / No
- (b) Date of confirmation :
- (c) Whether disciplinary matters pending against him/her? Yes / No

Date :

Signature
Administrative Officer in charge of the Personal File



16. Chairman (UGC)/Vice- Chancellor/Secretary (UGC)/Registrar/Rector/Director

This Application is Recommended/ Not recommended (If not recommended, give reasons)

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Date :

Signature
Chairman (UGC)/Vice-Chancellor/Secretary (UGC)/
Registrar/Rector/Director



PART III

For the use of the Secretary to the Transfer Board/UGC

Ref. No. :

Chairman (UGC)/Vice-Chancellor/Secretary (UGC)/Registrar/Rector/Director

Please let me have your recommendation on this application for transfer.

Date :

Signature
Secretary to the Transfer Board, UGC



PART IV

For the use of the Chairman (UGC)/Vice-Chancellor/Secretary (UGC)/Registrar/Rector/Director to which the transfer is sought

Ref. No. :

Secretary to the Transfer Board, UGC

- (i) I agree/do not agree to the transfer of Mr./Mrs./Ms.
 - (a) Availability of Vacancies : Yes / No
 - (b) Availability of Approval of DMS/ Secretary-Ministry of Higher Education : Yes / No
 - (c) Remarks if any :
- (ii) Give reasons, if not agreed :

Date :

Signature
Chairman (UGC)/Vice-Chancellor/ Secretary (UGC)/
Registrar/Rector/Director



PART V

For the use of the Secretary to the Transfer Board, UGC

Meeting No. :

Date of meeting :

Decision :

Date :

Signature
Secretary to the Transfer Board
University Grants Commission

