

APPLICATION FOR GRANT OF COMPOSITE TRANSFER ALLOWANCE

Sr. Divisional Personnel Officer

_____ Division, WR

Sub.: - Payment of Composite Transfer Grant

Ref.: 1. Office order No.

Dt:

2. DRM(E)'s Lr. No.

Dt:

With reference to the letter and office order cited, I have effected transfer and the following are the transfer particulars.

1. Name :
2. P.F. /NPS(PRAN) No. :
3. Designation at old station
Rate of pay & Grade pay :
4. Designation at new station
Rate of pay & Grade pay :
5. Date of Appointment :
6. Date of Birth :
7. Date of relieved at old station :
8. Date joined at new station :
9. Kit pass No. & Date :
10. Quarter No. & date of vacation :
11. Whether transported personal effects
from one Station to another station for
Admissibility of 100% CTG (Write Yes or No) :
12. If Yes, date of shifting personal effects &
mode of Transport :
13. Present Address :

Kindly arrange to pay Composite Transfer Grant at an early date.

Name & Signature of the Employee

Forwarded to DRM (E)/ADI for further necessary action

Signature of the Controlling Officer/Supervisor

Service By :- Western Railway Employees' Union – AHMEDABAD DIVISION