



WESTERN RAILWAY

Headquarter Office  
Churchgate,  
Mumbai- 400 020.

PS No. 612015

No. EP 1140/0 VOL.IV

Date: 17/02/2015.

DRM (E) BCT/BRC/ADI/RTM/RJT/BVP  
CWMs -MX/PL/PRTN/DHD/SBI/BVP

Sub: Inter Railway Own request transfer and Inter Railway  
Mutual Transfer of N.G.Staff.

It has been decided that henceforth while forwarding the application of N.G.Staff from Western Railway to other Zonal Railways /Production Units/ Workshops etc. for Inter Railway Own request transfer and Inter Railway Mutual Transfer the enclosed check list, is to be enclosed to avoid back references, complications etc.

Encl: Check List

*Neha Gupta*  
*16/02/15*  
( Neha Gupta )  
SPO (HRD)  
For General Manager (E)

C/- All P.O.s in HQ Office for information and necessary action.

## CHECK LIST

(To be furnished while forwarding the application for IRT & IRMT)

1. Name of the employee :
2. PF/PRAN No :
3. Present Designation & Scale with GP :
4. Present Station /Unit/Division :
5. Railway Division /Unit to which  
Transfer requested by the employee :
6. Priority position :
7. ComPTran Registration No. :
8. LIST OF DOCUMENTS ENCLOSED :

### I For Inter Railway Transfer (On request one way Transfer) [IRT]

- |  |   |     |    |
|--|---|-----|----|
| a) Application for transfer submitted in<br>the prescribed format (Application A,B,C)  | : | YES | NO |
| b) Certified/Attested Copy of S.R.   | : | YES | NO |
| c) Certified/Attested Copy of L.R.   | : | YES | NO |
| d) Certified Copy of Medical Fitness Certificate<br>issued by RMO at the time of initial<br>appointment or subsequent thereafter | : | YES | NO |
| e) Declaration given by the employee to go on<br>transfer on reversion in DR Quota   | : | YES | NO |

### II For Inter Railway Transfer (On request one way Transfer) [IRMT]

- |  |   |     |    |
|--|---|-----|----|
| a) Application for transfer submitted in<br>the prescribed format (Joint Application A,B,C)                                      | : | YES | NO |
| b) Certified/Attested Copy of S.R.   | : | YES | NO |
| c) Certified/Attested Copy of L.R.   | : | YES | NO |
| d) Certified Copy of Medical Fitness Certificate<br>issued by RMO at the time of initial<br>appointment or subsequent thereafter | : | YES | NO |

9. Details

- |  |   |  |
|--|---|--|
| a) Educational Qualification                               | : |  |
| i) Academic  | : |  |
| ii) Technical  | : |  |
| b) Community Whether<br>(SC/ST/OBC/UR)                     | : |  |
| c) Mode of induction whether<br>( DRQ, LDCE,PQ,GDCE etc. ) | : |  |
| d) Status of DAR/SPE/Vigilance case                        | : |  |

**PARTICULARS FURNISHED ABOVE ARE CORRECT & COMPLETE**

( Signature of Personnel /Cadre Officer  
along with name & designation )