## ANDHRA PRADESH TRIBAL WELFARE RESIDENTIAL EDUCATIONAL INSTITUTIONS SOCIETY, HYDERABAD

## **Application for Transfer for the year 2015**

(To be filled in by the applicant)
(Note: Read the transfer guide lines before filling the transfer application)

1. Name of the applicant	:
2. Designation with subject	:
3. Category of transfer	:
4. Date of Birth	:
5. Age as on 1 <sup>st</sup> May of 2015	: Years Month Day
6. a) Sex.	: Male / Female
b) Marital Status	: Married / Unmarried
7. a) Native District	:
b) Native Revenue Division	:
c) Native Mandal	:
8. a) Zone to which allotted in case of Zonal Posts	:
b) Dist. to which allotted in case of Dist. Posts	:
9. Date of Joining in the present cadre	:
10. Seniority number in the present cadre in the seniority List of Gurukulam.	:
11. Present place of working	:
12. Date of Joining in the present station	:
13. Period of stay at the present station as on 1 <sup>st</sup> May-15	: Years Months Day
14. Whether spouse is an employee in APTWREIS	: Yes / No
15. Whether spouse is an employee in other REI Societies Govt. Central / State/ Local Bodies/ Public Sector / Aided Institution.	: Yes / No
16. Place of spouse working	:
17. Whether the employee is suffering from any of the Following Chronic ailments i.e., Heart Disease /Surgery Kidney Transplantation/ Cancer.	: Yes / No.

18. Whether the employee is due for retirement i.e. As on 30 <sup>th</sup> June 2016 A.N.	, :	Yes / No	
If yes date of retirement	: Day		Month Year Year
19. State whether the employee is			
a) Unmarried		:	Yes / No
b) Widow		:	Yes / No
c) PHC		:	Yes / No
<ul><li>20. State whether the employee has physically or m Handicapped children for whom treatment is not</li><li>21. Opted Districts within the zone</li></ul>		: 1	Yes / No
Note: If response is "Yes" for item Nos. 15, 17, for Evidence.	19, and	1 20 C	ertificates are to be enclosed
			Signature of the Applicant
		Si	gnature of the Principal/FAC with stamp & date