

Annexure -I

CNS Number :

Performa for Opting Transfer/Exemption during-2012

A-Personal Data:						
Name (Mr/Ms)		Designation		DOB		
Qualification		Date of Joining Service		Home Region		
B-Present Station Particulars:						
Present Station		Date of joining Present Station				
Region		Initial Station of Posting in the Region				
Date of joining region		Station & Date of Relieving from last station				
C-Details of last Region (other than home region) served:						
Region		Initial station in the Region		Date of joining initial station		
Last station served out of region				Date of relieving from last station		
D- Particulars of Tenure Stations served:						
S.No.	Station	Desig.	Date of Joining	Date of Relieving	If volunteered then indicate period	Remark
1						
2						
3						
4						
E- Particulars of Non-Tenure Stations served:						
S.No.	Station	Desig.	Date of Joining	Date of Relieving	Remark	
1						
2						
3						
4						
5						
6						
7						
8						
9						
F- 1- Choices of Station for transfer						
(i)	(ii)	(iii)	(iv)			
(v)	(vi)					
2- Brief reason for request						
G - Details of Proficiency obtained (Attach a separate sheet if required)						
Group	Equipment	Make/Model	Year of acquiring proficiency	Remarks		

(H) Details of Foreign Training

Equipment	Country	Year of Training	Duration

(I) Details of CEG:

Exemption Sought (Yes/No)	Original Certificate from recognized School attached (Yes/No)		
Exemption availed earlier (Yes/No)	If Yes, year of CEG-I	If Yes, year of CEG-II	

(J)- Details of Mentally Retarded Child (if applicable) Date of Birth of Child:**(K) Medical Ground** (applicable for cancer patient and open heart surgery patient only)

Name of patient:	Relationship:	Date of surgery/Cure (for cancer):
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(L)-Details of Spouse Employment:

Department	Place of Work	All India/State

(M)-Details of Training at CATC/RTC

S. No.	Course	Year	Duration	Remarks

Signature of official with Name & Date:

Remarks of Certifying Authority Entries at Para -A to E & G to L have been verified and found correct

Signature of certifying /verifying Authority

Remarks/Recommendation of RED/GM (Com) ACS/Region

Signature of Recommending Authority

Annexure - II

Performa for Volunteering Tenure during-2012

CNS Number:

A-Personal Data:				
Name (Mr/Ms):	Desig:	DOB:		
Home Town:	Home Region:			
B-Present Station Particulars:				
Present Station:	Date of Joining Present Station:			
Region:	Initial Station of Posting in the region:			
Date of Joining Region:	Date of Relieving fm last station:			
C-Tenure Station Particulars:				
Last Tenure Station served :	Date of Joining	Date of Relieving		
Last station served Out of Region:	Date of relieving from last station:			
D-Details of Stations Volunteered for Transfer-2011 (Indicating Period of Volunteering)				
(i)	(ii)	(iii)	(iv)	
E- Details of proficiency obtained				
(i)	(ii)	(iii)	(iv)	(v)
(vi)	(vii)	(viii)	(ix)	
Signature of official with name & date				
Remarks of Certifying Authority: Entries at row A to E have been verified and found correct				
Signature of certifying /verifying Authority				
Remarks/Recommendation of RED/GM (Com) ACS/Region				
Signature of Recommending Authority				