

OPTION FORM FOR TRANSFERS – 2016

1. NAME OF THE EMPLOYEE:
2. EMPLOYEE ID:
3. PRESENT DESIGNATION:
4. PRESENT STATION:
5. DATE OF JOINING IN PRESENT STATION:
6. NUMBER OF YEARS & MONTHS AT PRESENT STATION:
7. DATE OF BIRTH:
8. DATE OF JOINING INTO SERVICE:
9. DATE OF RETIREMENT:
10. PREFERRED OPTIONS FOR TRANSFER:

OPTION - 1	
OPTION - 2	
OPTION - 3	
REASONS FOR OPTION	

11. FULFILMENT OF FOLLOWING CONDITIONS:

1	EMPLOYEE WITH 40% OR MORE DISABILITY	YES / NO
2	WORKING SPOUSE	YES / NO
3	EMPLOYEE WITH MENTALLY CHALLENGED CHILDREN	YES / NO
4	WIDOW EMPLOYEE ON COMPASSINATE APPOINTMENT	YES / NO
5	MEDICAL GROUNDS	YES / NO

12. WHETHER SELF APPRAISAL REPORT ENCLOSED: YES / NO

(SIGNATURE OF THE EMPLOYEE)

MOBILE NO:

SELF APPRAISAL REPORT - FY: 2015-16

Name of the Candidate : Station:
Designation : Zone :
Employee I.D No :

Sl. No.	Target				Achievement			
	Maintenance works		Capital works		Office work	Physical	Financial	%
	Physical	Financial	Physical	Financial				

(SIGNATURE OF THE EMPLOYEE)

MOBILE NO:

Counter signature of the Superintending Engineer (PH) with remarks and also specify the overall achievement of the employee (as percentage):

SIGNATURE OF THE SUPERINTENDING ENGINEER (PH)

Note: The Superintending Engineer (PH) should indicate the general performance of the applicant with reference to character, attendance, attitude towards work and clearance of pending works (both works and office) for the purpose of Counter Signature.