

**HIGHER EDUCATION DEPARTMENT
GOVERNMENT OF THE PUNJAB
TRANSFER FORM**



APPLICANT'S NAME:

FATHER'S NAME / HUSBAND NAME (Cross Whichever Not Applicable)

CNIC

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DESIGNATION:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBJECT:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

INITIAL APPOINTMENT (dd-mm-yyyy)

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PERSONNEL NO. (Accounts Office)

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PRESENT POSTING: (College Name, City)

POSTAL ADDRESS / CURRENT ADDRESS: (Cross Whichever Not Applicable)

City: District:

PERMANENT ADDRESS:

City: District:

Domicile:

Email:

Phone No.:

Mobile:

DESIRED PLACE FOR TRANSFER: (Choice by Priority)

	CHOICE 1	CHOICE 2	CHOICE 3	VERIFIED BY:
CITY				Name & Designation (For Office Use Only)
DISTRICT				
BPS				Official Stamp (For Office Use only)
COLLEGE				
AVAILABILITY (FOR OFFICE USE)				

(Score / Marks Columns for Office Use only)

QUALIFICATIONS:

Sr. No.	QUALIFICATION	OBTAINED FROM [Institute / University]	MARKS	DEGREE RELEVANCE WITH THE POST(Yes / NO)
1	Ph.D.		5	
2	M.Phil. / M.S / Equivalent		2	
3	M.A./M.Sc. / Equivalent		1	

SERVICE HISTORY:

Sr. No.	College Name	Designation Prof, Assoc. Prof., Asst Prof, Lecturer	From dd/mm/yy	To dd/mm/yy	Duration dd/mm/yy	Area Type [Hard/Normal]	Marks	Desired [By Employee] [Yes/No]	Marks
1									
2									
3									
4									
5									
6									
						TOTAL [COLUMN 8]		TOTAL [COLUMN 10]	

FOR OFFICE USE ONLY

Proof of Service Provided [Attach Proof] [Yes / No]		Service Verified from Database [Yes / No]		Signature & Name of Dealing Person	
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WIDOW CASE	HUSBAND NAME	HUSBAND CNIC												DIED ON [Plz ATTACH DEATH CERTIFICATE]	DD/MM/YY	SCORE

WED LOCK	SPOUSE NAME	SPOUSE CNIC												NOC FROM SPOUSE DEPARTMENT		KIDS [COUNT]	SCORE

PHYSICAL DISABILITY	YES	[IF YES PLEASE ATTACH PROOF]	
	NO	SCORE	

SIGNATURE OF THE APPLICANT AND NAME		Date dd/mm/yy
		/ /