

Prescribed Form of Application for Transfer of NRHM Employees

Receipt No (Office Use):	Date of apply:
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Name of the Employee:			
Designation:			
Present Place of Posting (Name of Health Institution):			
Present District & BPHC:		District	BPHC
Applying for transfer to District:			
Preference of New Place of Posting:	Pref.	Name of BPHC	Name of Health Institution
	1 st		
	2 nd		
	3 rd		
Reason for applying transfer: <i>(All supporting documents to be furnished)</i>			
Date of Joining under NRHM:			
Date of Joining in the present place of posting:			
If transferred earlier (Give details):			
Have you applied for transfer in the last 6 months (Y/N)			

The facts stated above are true to the best of my knowledge and belief. In case of any false statement, I am liable to any action the authority may deem fit and proper.

Date:

Signature of the Employee

No Objection Certificate

I have no objection to Mr./ Mrs./ Ms. who is working as at in..... District under NRHM for applying Transfer and it will not hamper performance of the Institution after his/her transfer.

**Signature of the
In-charge of Health Institution
(with seal & date)**

**Signature of the
Joint Director of Health Services
(with seal & date)**

**Signature of the
District Programme Manager
(with seal & date)**

Designation (please tick)

Specialist Doctors					
<input type="checkbox"/>	Gynecologist	<input type="checkbox"/>	Pediatrician	<input type="checkbox"/>	Physician
<input type="checkbox"/>	Anesthetist	<input type="checkbox"/>	Ophthalmologist	<input type="checkbox"/>	General Surgeon
<input type="checkbox"/>	ENT	<input type="checkbox"/>	Orthopedics	<input type="checkbox"/>	Pathologist
<input type="checkbox"/>	Radiologist	<input type="checkbox"/>	Dermatologist	<input type="checkbox"/>	Psychiatrist
<input type="checkbox"/>	Microbiologist	<input type="checkbox"/>	Forensic Medicine	<input type="checkbox"/>	
Medical Officer					
<input type="checkbox"/>	MO (MBBS)	<input type="checkbox"/>	MO (MBBS) - 1 Year Compulsory Rural Posting	<input type="checkbox"/>	Dental Surgeon
<input type="checkbox"/>	Dental Surgeon-School Health	<input type="checkbox"/>	MO (AYUR)	<input type="checkbox"/>	MO (AYUR)-School Health
<input type="checkbox"/>	MO (Homoeo)	<input type="checkbox"/>	MO (Homoeo)-School Health	<input type="checkbox"/>	
Rural Health Practitioner					
<input type="checkbox"/>	Rural Health Practitioner	<input type="checkbox"/>		<input type="checkbox"/>	
Nursing					
<input type="checkbox"/>	Staff Nurse/ GNM	<input type="checkbox"/>	ANM	<input type="checkbox"/>	
Paramedical					
<input type="checkbox"/>	Laboratory Technician	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Radiographer
<input type="checkbox"/>	MPW	<input type="checkbox"/>		<input type="checkbox"/>	
Programme Management					
<input type="checkbox"/>	District Programme Manager	<input type="checkbox"/>	Hospital Administrator	<input type="checkbox"/>	District Media Expert
<input type="checkbox"/>	District Accounts Manger	<input type="checkbox"/>	District Data Manager	<input type="checkbox"/>	District Community Mobilizer
<input type="checkbox"/>	District Family Planning Coordinator	<input type="checkbox"/>	Assistant Accounts Manager	<input type="checkbox"/>	Assistant District Data Manager
<input type="checkbox"/>	District Drug Store Manager	<input type="checkbox"/>	Date Entry Operator-Drugs Store	<input type="checkbox"/>	Computer Assistant (Immunization)
<input type="checkbox"/>	Assistant Engineer (Civil)	<input type="checkbox"/>	Assistant Engineer (Electrical)	<input type="checkbox"/>	Junior Engineer (Civil)
<input type="checkbox"/>	Junior Engineer (Instrumentation)	<input type="checkbox"/>	Block Programme Manager	<input type="checkbox"/>	Block Accounts Manager
<input type="checkbox"/>	Block Data Manager	<input type="checkbox"/>	Programme Assistant-School Health	<input type="checkbox"/>	PHC Acctt. cum ABPM
<input type="checkbox"/>	Block Community Mobilizer	<input type="checkbox"/>	ASHA Supervisor	<input type="checkbox"/>	Clinical Instructor
<input type="checkbox"/>	Dietician	<input type="checkbox"/>	ARSH Counselor	<input type="checkbox"/>	Nutrition Counselor
<input type="checkbox"/>	Computer Assistant (SCNU)	<input type="checkbox"/>	Family Planning Counselor	<input type="checkbox"/>	Cook-NRC
<input type="checkbox"/>	Cleaner-NRC	<input type="checkbox"/>	Care Taker-NRC	<input type="checkbox"/>	SNCU Support Staff
IDSP					
<input type="checkbox"/>	Epidemiologist, IDSP	<input type="checkbox"/>	Entomologist, IDSP	<input type="checkbox"/>	Training Consultant, IDSP
<input type="checkbox"/>	Microbiologist, IDSP	<input type="checkbox"/>	Data Entry Operator, IDSP	<input type="checkbox"/>	Data Manager, IDSP
<input type="checkbox"/>	ICTC Counselor	<input type="checkbox"/>	Accountant cum Secretarial Staff	<input type="checkbox"/>	
Others (Please specify)					
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	