

SPECIMEN FORM

NATIONAL CHILD PROTECTION AUTHORITY

TRANSFER APPEAL FORM-2022

(for the category of District Child Protection Officers /District Psychosocial Officers/Divisional Child Protection officers)

(A) To be filled by the applicant

- 1). (I) Name in full...Mr/Mrs/Ms.....
(II) Permanent address.....
(III)Temporary address (if any)
- (IV) If the current address changes in the year 2022, the address of the new place of residence
- 2) The place of work to which the transfer has been made.....
- 3) Post and grade.....
- 4) Date of appointment.....
- 5) Date of birth.....
- 6) Current place of work.....
- 7) I request to cancel/ revise the transfer given to me
- 8) Mention the reason for the appeal (mention in the overleaf) or as an attachment. Submit certified copies of relevant documents as an attachment to substantiate your appeal.
- 9) New place of work to which the transfer should be revised/made.....

Date:

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Signature of Applicant

(B) Recommendation of the District secretary/Divisional secretary

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Date

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Signature and the seal