#### No. A. 22012/16/2016-CHS-II

भारत सरकार/Government of India स्वास्थ्य एवं परिवार कल्याण मंत्रालय Ministry of Health & Family Welfare

> निर्माण भवन, नई दिल्ली - 110 011 Nirman Bhawan, New Delhi – 110 011 Dated the (6 र्स March, 2017

Τ̈́o

All Participating Units

Sub: Circulation of proforma for seeking transfer of CHS officers among the participants units.

Dear Sir / Madam,

This Ministry has been receiving a number of requests from CHS officers posted in various participating units for their transfer / posting. It has been observed that such requests are often made in a casual manner without furnishing relevant and complete information and it has been becoming increasingly difficult for the Ministry to process such requests and for the Competent Authority to take a view in such cases.

- 2. To obviate such procedural issues, a standard Proforma has been devised prescribing the details which are to be given by the applicant as well as Incharge of the respective Units while submitting / forwarding the request for transfer of a CHS officer. A copy of the Proforma is enclosed.
- 3. It has been decided that the requests for transfer may be submitted by the CHS officers only through proper channel in the prescribed proforma duly filled in by the applicant and also by the Head of Unit. Requests submitted in any other form will not be entertained by the Ministry.
- 4. It has also been decided that sending transfer requests <u>directly</u> to the Ministry by the CHS officers will be viewed seriously and action could be taken against the concerned officer, as per rules.
- 5. This issues with the approval of the Competent Authority.

Yours faithfully,

18 Dates on

(D.D. Maheshwari) Under Secretary to the Govt. of India

Telefax: 23061875

### Copy to:

- 1. DGHS, Dte. General of Health Services
- AS & DG (CGHS), MoHFW
- 3. Medical Superintendent, Dr. RML Hospital, New Delhi
- 4. Medical Superintendent, Safdarjung Hospital, New Delhi
- 5. Medical Superintendent, LHMC & KSCH, New Delhi
- 6. Director (CGHS)
- 7. PS to HFM / PS to MOS (FSK)
- 8. PPS to Secretary (H) / PPS to AS (H) / PS to JS (SK)
- 9. Under Secretary (CGHS-I)
- 10. CHS I / III / IV / V Sections
- 11. PS to JS (SK) / PA to DS (CHS)

## PROFORMA FOR SEEKING TRANSFER OF CHS OFFICERS AMONG THE PARTICIPATING UNITS

# Part I (To be filled by the Officer seeking transfer)

Name of the officer				
Designation				
Date of birth				<u> </u>
Date of appointment in CHS				
Qualification				
Sub-cadre in CHS			,	
Present place of posting (since when)				
Place to which transfer sought				
Transfer History	From		То	
	Place	Date	Place	Date
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Reasons for seeking present transfer (Attach supporting documents if the transfer is requested on medical grounds)				
	Designation  Date of birth  Date of appointment in CHS  Qualification  Sub-cadre in CHS  Present place of posting (since when)  Place to which transfer sought  Transfer History  Reasons for seeking present transfer (Attach supporting documents	Designation  Date of birth  Date of appointment in CHS  Qualification  Sub-cadre in CHS  Present place of posting (since when)  Place to which transfer sought  Transfer History  Reasons for seeking present transfer (Attach supporting documents if the transfer is requested on	Designation  Date of birth  Date of appointment in CHS  Qualification  Sub-cadre in CHS  Present place of posting (since when)  Place to which transfer sought  Transfer History  From Place Date  Reasons for seeking present transfer (Attach supporting documents if the transfer is requested on	Designation  Date of birth  Date of appointment in CHS  Qualification  Sub-cadre in CHS  Present place of posting (since when)  Place to which transfer sought  Transfer History  From T  Place Date Place  Reasons for seeking present transfer (Attach supporting documents if the transfer is requested on

### **UNDER TAKING**

I undertake that the abovementioned details are true and correct to my knowledge and the contents are based upon the record available with me and nothing material has been deliberately concealed therefrom. I also undertake that in case the request for transfer is recommended, I will not make any request for cancellation of the same.

(Signature of the Officer) Date:

Part II

(To be filled by the Incharge of the Unit)

11.	Incumbency position in the Unit	Sanctioned	Filled	Vacant
12.	Whether the request for transfer is recommended by the Incharge of the Unit.			
13.	In case the transfer is approved, whether the officer can be relieved without substitute			

(Signature of Incharge of the Unit)
Date:
Seal