

SPECIMEN FORM

NATIONAL CHILD PROTECTION AUTHORITY

TRANSFER APPEAL FORM-2024

(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 2024, 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:

.....
Signature of Applicant

(B) Recommendation of the District secretary/Divisional secretary

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Date

.....
Signature and the seal.