

**TRANSFER OF DISPENSARY**  
(In Triplicate)

1. No. Of Identity Card : \_\_\_\_\_
  
2. Name of Govt. Servant : \_\_\_\_\_
  
3. Ministry/Department/Office in : \_\_\_\_\_  
which employed
  
4. Previous Residential Address and : \_\_\_\_\_  
and Dispensary from which transferred \_\_\_\_\_
  
5. New Residential Address : \_\_\_\_\_  
\_\_\_\_\_
  
6. Signature of Govt. Servant : \_\_\_\_\_
  
7. New Dispensary allotted by the issuing : \_\_\_\_\_  
authority
  
8. Signature and designation of issuing : \_\_\_\_\_  
authority (With Tel. No.) \_\_\_\_\_
  
9. Signature of Medical Officer In-charge : \_\_\_\_\_  
Dispensary from which transferred
  
10. Signature of Medical Officer In-charge : \_\_\_\_\_  
Dispensary to which transferred

Dated the \_\_\_\_\_