

TRANSFER OF DISPENSARY

1. No. of CGHS Identity Card
2. Name of the Government Servant
3. Ministry/Department in which employed :
4. Previous residential address & dispensary from which transferred
5. New Residential Address
6. Signature/Thumb impression of Govt. Servant
7. New dispensary allotted by the issuing authority
8. Signature & Designation of issuing authority (Tel.No.)

Dated :

Intercom No. .

Telephone No.

Email Address

9. Signature of Medical Officer incharge dispensary from which transferred.
10. Signature of Medical Officer Incharge dispensary :
to which transferred.