

SCHEDULE OF APPLICATION FOR TRANSFERS IN SRI LANKA ADMINISTRATIVE SERVICE -YEAR

Ministry/Department/Provincial Council:

Regional Office/District:

Serial No.	Name of the officer and Number of N.I.C	Date of Appointment and Medium	Post / Grade	Personal Address	Date of Birth and age as at 31.12.2022	Civil status and place of work of the spouse	Number of children and Number of children who are schooling	Service Stations and the periods of service at the service stations	Reasons for requesting a transfer	Service station that the officer is willing to be transferred	Decision of the Transfer Committee (For Office use Only)

I hereby certify that applications of all officers are included in this form.

Prepared by : Name

Signature:

Checked by : Name

Signature:

Date:.....

.....
Signature and official stamp of the Head of the Department

Particulars of an officer who can be contacted for further information:

Name and post:

Telephone number: