

WCCL Transfer Order Form

No. WCCL//HR/.....

Date:

TRANSFER ORDER

The following officials are hereby transferred with effect from _____

SN	Name	Designation	Transfer		Transfer Benefit	Remarks*
			From	To		
					<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	

The proper handing /taking over of charges should be attested in document involving both parties before issue of relieving order. Kindly report to the new office at the earliest unless specified.

HR Division

Cc: HOD, Concerned Department

DH, Concerned Division

Person Concerned

Personal File

* Remarks mean the reason for transfer such as on request or normal transfer, etc. It could also be used for any other remarks as deemed necessary.