**FORM**

[See sub-rule (2) of rule 5]

PART-A

**Application for General Transfer**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the applicant (in block letters) | : |  |
| 2. | (i) Name of the post, in which he/ she is now working(in case of both the Assistant Teacher & non-teaching staff) | : |  |
|  | (ii) Scale of pay | : |  |
|  | (iii) Basic Pay on the date of application | : |  |
| 3. | (i) Name of the school where he/she is employed at present (in block letters) |  |  |
|  | (ii) Address of the school (in block letters) | : |  |
|  | (iii) Telephone no. of the school with STD Code | : |  |
|  | (iv) Category of Post (whether General/S. C./S.T./O.B.C./ PH) | : |  |
|  | (v) Nature/ type of the school (Boys'/Girls'/Co-education) | : |  |
|  | (vi) Status of the school (Jr. High/High/ Higher Secondary) | : |  |
|  | (vii) Medium of instruction against which appointment was made | : |  |
|  | (viii) Working Shift (Morning/ Midday) | : |  |
| 4. | (i) Date of Birth of the applicant as per official records |  |  |
|  | (ii) Date of retirement on superannuation | : |  |
|  | (iii) Academic qualifications as considered by the RSSC | : |  |
| 5. | Whether appointed through the recommendation of the W.B. School Service Commission |  |  |
|  | (i) if yes, mention the year of Regional Level Selection Test in which he/ she was selected) | : |  |
|  | (ii) if yes, mention the Memo No. of Recommendation Letter of Regional Commission | : |  |
| 6. | Subject taught at present(in case of Assistant Teachers) | : |  |
| 7. | The reason in brief for seeking such a transfer | : |  |
| 8. | (i) Date of joining at the present school | : |  |
|  | (ii) Gender of the applicant(tick the right option) | : | male / female |
|  | (iii) Number of child below 10 years of age:(write the appropriate number in the box, in case nil please write nil in the box and enclose copy of birth certificate/certificates if applicable) | : |  |
|  | Whether physically handicap(tick the right option and if yes please and enclose copy of certificate) | : | Yes / No |
|  |  |  |  |

Date:

**Declaration of the applicant:**

I, the applicant of above-named do, hereby, declare that all particulars given in this Application Form are true and correct and if at any point of time it is found by any of the authorities that the particulars given in this application is not correct or false and fabricated, appropriate action against me can he taken by the appropriate authority relating to my service and my service can also be terminated as a result of such action against me by the appropriate authority.

I sign PART A of this Application Form and the above declaration, being conscious about the particulars mentioned in this Form and the effect of the above declaration.

*(Signature with full name of the applicant)*

**NO OBJECTION AND DECLARATION OF SCHOOL**

This school has no objection if Sri/ Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject taught \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is transferred as prayed for and the undersigned: 1. Secretary of Managing Committee/ Administrator of the School and 2. Headmaster/ Headmistress/ Teacher-in-Charge of the School declare that the particulars mentioned in paragraphs 2, 3 and 4 of PART I of this application Form are true and correct as per the records maintained by the school and no such particulars are incorrect.

*Signature with full name and official seal of the*

*Headmaster/Headmistress/ Teacher-in-Charge of the*

*school or Secretary of the Managing Committee or*

 *Administrator of the school.*

The particulars of the incumbent as above has been verified with official record available at this office and found correct, hence, forwarded for due consideration of appropriate authority

*Signature with official seal of the*

 *District Inspector of Schools.*

Forwarded for due consideration after verification of the particulars of the incumbent.

SECRETARY/ASST. SECRETARY

WBRSCC

(OF CONCERNED REGION)