**Form 2**

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

Ministry/Department/Provincial Council: .............................................

Regional Office/District: .............................................

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Serial No. | Name of officerand Number of N.I.C | Date of Appointment and Medium | Post / Grade | Personal Address | Date of Birth and age as at 31.12.2021 | Civil status and place of work of the spouse | Number of children andNumber of children who are schooling | Service Stations and the periods of service at the service stations | Reasons for requesting a transfer | Place 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 Head of Department