**Form 04**

…………. **Transfers in Sri Lanka Administrative Service- Application for Appeal**

Ministry:..................................................

Identification Number of the Transfer List : ……………

(Only the officers who have not received transfers )

Department:...............................................

1. **Should be perfected by the Officer**

1. I. Name of the officer in full (in Clear Letters) : Mr/Mrs./Miss ......................................................

.............................................................................................................................................

II. National Identity Card No ……………………………………………………………………………

III. Permanent Address : .................................................................................................................................

IV. Residential Address : ................................................................................................................................

V. Address of the new place of residence if any change in the residence is due to be made in 2022 : .........

....................................................................................................................................................................

1. Service Station to which the officer is transferred : ........................................................................................

3. Post and Grade : ................................................................................................................................................

3.1 Date of entry to the service : .....................................................................................................................

3.2 Date of entry to the Grade : .......................................................................................................................

4. Date of Birth : ..................................................................................................................................................

Age as at 31.12.2021.......................................................................................................................................

5.

|  |  |  |
| --- | --- | --- |
| Service Particulars | Date of Appointment | From / To Service Station |
|  |  |  |
|  |  |  |
|  |  |  |

6. No of the Annual Transfer List : ……………………………

7. I request to Cancel / Revise the given Transfer.

8. Reasons for Appeal : (State on the reverse of the page)

9. Service Station to which the transfer should be Granted/ Revised :

Ministry : .........................................................................................................................................................

Department : ....................................................................................................................................................

Date : ....................................... ........................................................................

Signature of the officer

**(b) Observation of the head of the Department:**

1. Above particulars are correct according to the particulars available in the files of the office
2. Explanation and recommendation given for cancellation/ revision of the transfer

Date:.................................. .................................................................................

Signature of the

Secretary of the Ministry / Head of the Department

(Delete words inapplicable. Appeals which are incomplete shall not be considered by the Appeal Board. For further details please use the reverse of the page)