**Form 2**

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Serial No. | Name of officerand Number of N.I.C | Date of Appointment  | Personal Address | Date of Birth and age as at 31.12.2021 | Previous Stations served and relevant time period | Reasons for requesting a transfer | Place willing to be transferred |
|  |  |  |  |  |  |  |  |

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