## SCHEDULE OF APPLICATION FOR TRANSFERS IN SRI LANKA PLANNING SERVICE -YEAR 2024

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

	Regional	Office/District:				•••••					
Serial No.	Name of the officer and Number of N.I.C	Date of Appointment and Medium	Post / Grade	Personal Address	Date of Birth and age as at 31.12.2023	Civil status and place of work of the spouse	Number of children and Number of children who are schooling	Previous Service Stations and the periods of service at the service stations	Reasons for requesting a transfer	Service station that the officer is willing to be transferred	Decision of the Transfer Committee
I hereby certify that applications of all officers are included in this form.  Prepared by: Name											
					Si.	gnature					
		Signature and official stamp of the Head of the Department									
	Name an	s of an officer w d post: e number:			further informa	ition:					