

කාන්තා, ළමා කටයුතු හා සමාජ සවිබලගැන්වීම් අමාතාාංශය

மகளிர்,சிறுவர் அலுவல்கள் மற்றும் சமூகவலுப்படுத்திகைஅமைச்சு Ministry of Women, Child Affairs and Social Empowerment

ூல் අංකය. எனது இல. My No	MWCA/2/5/2 5/10/2/10(II)
இ ஃ டி• කය. உமது இல.	}
දිනය. திகதி.	39 .12.2023

All District / Divisional Secretaries,

Annual Transfers of the Women Development Officers - 2024

As per the Scheme of Annual Internal Transfers of the Women Development Officers which has been Commission by my letter of Public Service forwarded approval MWCA/2/5/25/10/2/10(II) dated 21.07.2023, I herewith forward the decisions of the Internal Transfer Board which are to be implemented with effect from 01.02.2024 for the Women Development Officers working in District and Divisional Secretariats on attachment by the Ministry of Women, Child Affairs and Social Empowerment.

- 02. Officers who are not satisfied with the decisions of the Internal Transfer Board may submit their appeals.
- 03. According to Paragraph 02 above, I kindly request you to forward the appeals prepared in accordance with the Specimen (Annexure I) with your recommendation by registered post to reach the Ministry on or before 15.01.2024
- 04. Appeals receiving after the closing date will not be considered.

Yamuna Perera

Secretary

ලේකම் /செயலாளர்/Secretary:-

කාර්යාලය/அலுவலகம்/office

ඊෛල්/மின் தபால்/Email:

වෙබ අඩවිය/இணையத்தளம/Website:

ෆැක්ස්/பெக்ஸ்/Fax

කාන්තා ,ළමා කටයුතු

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05th Floor, Stage II, Sethsiripaya, Battaramulla

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Annual Transfers of Women Development Officers - 2024

Application of Appeal

DIVISIO	nai Seci	etariat:				
To be f	illed by	the Officer.				
01.	I. Name in Full (Write in block letters):-					
	II. Address of the Place of Residence: -					
02.	Date of Recruitment: -					
	Previo	us Service Stations	Date of Transfer	Duration (From/ to)		
	I					
	II					
03.	Divisional Secretariat to which 2024 annual transfer has been granted:					
04. Reasons for forwarding an Appeal:-						
	I					
	II					
	III					
	(Please attach certified copies of written proofs to prove above reasons)					
05.	Divisional Secretariat to which a transfer is required as per the Appeal:					
	Date :-					
				Signature of the Officer		
06.	Recommendation of the District/ Divisional Secretary :-					
	I. The above particulars are correct as per the Information maintained by the District					
		Divisional Secretariat.		·		
		Special remarks (if an	y, please mention below)		
	II.		opeal is/is not recommen			
D .						
Date :						
				Signature of District/ Divisional Secretary		
(Incom	plete ap	plications will not be co	nsidered by the Board of	Appeal)		