

Application of Annual Internal Transfers -2025 Women Development Field Assistants

A). Personal Information

01. Name in Full :-					18
02. Name with Initials:-					
03. Date of Birth:-	04. Age :- As at 31.12.2024		05. NIC No:-		06.Sex :-
07.Permanent Address an Divisional Secretariat Divisional	d the on:-	08. Temporary Ad	ddress :-	09. Telep Office:- Personal	shone No :-
10. Marital status :-		11. Name of Spouse :-		12. Occupation & workplace of Spouse:-	
13. Number of children:-		14. Children's age	es:-	15. School	ols attending to:-

B). Service Information

16. Current workplace :-	17. District of current workplace :-
18. Date reported for duty at the current workplace:-	19. Period of service at the current workplace :-
20. Distance between current residence and cur	rent workplace :-
w)	

21. Information	Workplace		Designation	Period of service		Distance from then residence
of previous workplaces *				From To		
	1			11011	10	· ·
	2					
	3					
	4					
	5					
* Attach an e	xtra sł	neet of paper, if necess	sary.			
C). Informa	ition o	n Transfer Requests	(Mention in ord	er of pri	ority)	
Serial	Re	questing Divisional	District to	which the	9	Distance from
Number	S	ecretariat Division	workplace l	pelongs to	0	residence(km) (One-way only)

Serial Number	Requesting Divisional Secretariat Division	District to which the workplace belongs to	Distance from residence(km) (One-way only)
01			(1227)
02			
03			

I do declare that all the above inform	ation is true and accurate.
Date :	Signature of Applicant
I do recommend the application and	forward for further action.
Date :	
	Signature & Official Stamp of
	District Secretary/Divisional Secretary