

APPENDIX-IV

Transfer of Dispensary

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Admn-II/1130-CGHS/D

1. No. of IdentityCard :
2. Name :
3. Ministry/Department/Office in which employed :
4. Previous address and Dispensary from which transferred :
5. New Address :
6. Signature :
7. New dispensary allotted by issuing authority :
8. Signature and designation of issuing authority :
9. Signature of M.O. in charge of the dispensary from which transferred :
10. Signature of M.O. in charge of the dispensary to which transferred :

To  
The M.O. in- Charge  
C.G.H.S Dispensary No.