

Annexure-1**DECLARATION FOR SEEKING TRANSFER BENEFIT UNDER PwD GROUND**

I, Sh./Smt/Ms.....(name of the employee),.....(post), solemnly declare and furnish the following details to take transfer benefit under PwD ground:

SN	Particular	Details to furnish
1	Category of PwD :	OH / VH / HH (strike out whichever is not applicable)
2	% of Disability:	
3	PwD Certificate No.:	
4	Date of Issue of the Certificate:	
5	Details of the Hospital/Medical Board by which certificate has been issued with address:	Name:
		Address:
6	Designation/Rank of Medical Board Officer issued the certificate :	

The PwD Certificate issued by the Medical Board has been enclosed also.

Signature of the employee

Date:

Verified by ASO/SSA/JSA/Any employee delegated by the Controlling Authority

Signature:

Name:

Designation:

Countersigned by the Controlling Officer with stamp

Name:

Designation: