

DECLARATION FOR SEEKING TRANSFER BENEFIT UNDER PH GROUND

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

SN	Particular	Details to furnish
1	Category of PH :	OH / VH / HH (strike out whichever is not applicable)
2	% of PH :	
3	PH 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 PH Certificate issued by the Medical Board has been enclosed also.

Signature of the employee

Signature of the Controlling Officer with stamp

Date: