Ministry of Health

Human Resource Division

Transfer Processing Form for Health Staff

1. **Details of the applicant:**

Name :....................................................................

Employee ID No :....................................................................

Position Title :....................................................................Position Level:................

Gender :......................................................

Present Working Agency:...........................................................Dzongkhag:.................................

Date of Appointment :.......................................Date of joining present agency:...........................

Qualification :................................................................

Contact No : (Mobile/Phone) :.....................................................

Email address :................................................................

**Permanent Home Address**

Village :........................................Gewog:......................................Dzongkhag:...............................

1. **Previous working places : (Use additional sheet if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SL#** | **Agency** | **Dzongkhag** | **Year (dd/mm/yy)** | |
|  |  |  | **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Reason for seeking Transfer.**

Medical Problem : Marital Case : Normal Transfer :

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**Give a brief reason on why you have asked for Transfer:**

1. **Marital Status (Please Tick)**

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Married Unmarried

**If you are married please fill up the following details of your spouse.**

Name :........................................................................

EID No (If employed) :................................................

Position Title (If employed) :............................................Position Level (If employed) :..........

Occupation :............................................Working Place:.................................

Organization :....................................................................

Date of joining Service :...............................Date of joining present work place :..................

1. **Documents Enclosed (Please Tick)**

Medical Certificate : Marriage Certificate : Supporting Documents :

1. **Preference Dzongkhag Transfer:**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***I hereby declare that the information given herein is true to the best of my knowledge. In the event of detection of false or misleading information, I understand that Ministry shall withdraw my transfer. I also undertake to abide by transfer Rules and Regulations of the Ministry.***

**Signature of Applicant: Date:**

1. **TO BE USED BY HOSPITALS/BHUs/DEPARTMENT/DIVISION AUTHORITIES**

**Recommending remarks by Supervisor**

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| --- |
| **Signature of Supervisor/Head Date:** |

1. **TO BE USED BY DZONGKHAG AUTHORITIES**

**(Recommending remarks by DHO/HRO)**

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| --- |
| **Signature of DHO/HRO Date:** |

**Decision taken by HR Committee**

1. **TO BE USED BY HUMAN RESOURCE DIVISION, MoH.**

His/Her transfer is approved to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dzongkhag during\_\_\_\_\_\_\_\_\_\_\_\_\_\_**HR Committee Meeting** held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Name and signature of the dealing HR Officer Date:**