

APPENDIX 'IV'
TRANSFER OF DISPENSARY

1. No. of the C. G. H. S. Card :
2. Name of Government Servant :
3. Ministry/Department/Office
in which employees.
4. Previous residential address
and dispensary from which
transferred.
5. New Residential address :
6. Signature of Govt. Servant :
7. New Dispensary allotted by
the issuing authority.
(with telephone No.)
8. Signature and Designation of
issuing authority.
(with telephone No.)
9. Signature of Medical Officer,
In-charge of Dispensary from
which transferred.
10. Signature of Medical Officer,
In-charge of Dispensary
to which transferred.