

**APPLICATION FOR INTER ZONE TRANSFER FOR AWARD STAFF  
IN TERMS OF BRANCH CIRCULAR 91/59 DT. 02.07.1997**

**REQUEST FOR TRANSFER FROM \_\_\_\_\_ ZONE TO \_\_\_\_\_ ZONE**

1. FULL NAME :SHRI/SMT./KUM. \_\_\_\_\_  
& RESIDENTIAL ADDRESS (SURNAME) (FIRST NAME) (MIDDLE NAME)  
\_\_\_\_\_  
\_\_\_\_\_
2. DESIGNATION : \_\_\_\_\_ **PF No** \_\_\_\_\_
3. WHETHER DRAWING SPECIAL ALLOWANCE: YES / NO
4. PRESENT POSTING : BRANCH : \_\_\_\_\_  
CCA / NON-CCA CENTRE / LOWER CCA CENTRE
5. DATE OF BIRTH : \_\_\_\_\_
6. DATE OF JOINING : \_\_\_\_\_  
(Note : Minimum 3 years of service in the Bank to be eligible to apply for request transfer)
7. DATE OF JOINING : \_\_\_\_\_  
( of Bank of Karad Ltd. / Parur Central Co-op. Bank) (Merger date 01.01.1996 / 20.04.1990)
8. DATE OF PROMOTION TO CLERICAL CADRE : \_\_\_\_\_
9. WHETHER EX-SERVICEMEN RE-EMPLOYED IN THE BANK : YES / NO  
(If yes, no. of years of service in Armed Forces)
10. WHETHER PHYSICALLY HANDICAPPED : YES / NO
11. DETAILS OF INTER-ZONE REQUEST TRANSFER/S AVAILED EARLIER :

Sr. No.	From		To		Duration & Reasons
	Branch	Zone	Branch	Zone	

12. CENTRE FOR WHICH TRANSFER REQUESTED :

Preference	Centre		Zone
	District	City	
Preference 1			
Preference 2			
Preference 3			
Preference 4	Request may be considered for any Centre in the Zone		YES / NO

13. REASONS FOR WHICH TRANSFER REQUESTED : (TICK THE APPROPRIATE REASON)

- (i) MARRIAGE GROUNDS \* : DATE OF MARRIAGE : \_\_\_\_\_
- (ii) SICKNESS OF SELF \* (Please specify the nature of illness in brief) \_\_\_\_\_
- (iii) SICKNESS OF SPOUSE/CHILDREN/DEPENDENT \* \_\_\_\_\_
- (iv) TRANSFER OF SPOUSE(Whether spouse working in our Bank) \_\_\_\_\_  
(If spouse working in our Bank, please mention his/her place of posting)
- (v) PHUSICALLY HANDICAPPED \* \_\_\_\_\_  
(If so, whether drawing allowance & percentage of disability)
- (vi) NATIVE PLACE : \_\_\_\_\_

(vii) ANY OTHER REASON : (Please specify) \_\_\_\_\_

(\* Please note to submit the relevant certificates in support of your request)

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I undertake to forgo Special Allowance presently being drawn by me, and also accept the change of my designation, if any, if my request is acceded to. I confirm that I will be entitled to apply for transfer in terms of Branch Circular No. 91/59 dated 02.07.1997. I also confirm that the particulars given above are true to the best of my knowledge and belief and note that Bank will be at liberty to take appropriate action against me if any statement mentioned above is proved to be wrong. I am aware that if I refuse the transfer, I will not be eligible to request for transfer for a period of 3 years.

Place : \_\_\_\_\_  
(Signature)

Date :

**FOR OFFICE USE ONLY**

BRANCH MANAGER'S COMMENTS / RECOMMENDATIONS :

**BRANCH PROFILE** : CATEGORY: \_\_\_\_\_ SIZE : \_\_\_\_\_

**STAFF STRENGTH** : CLERICAL : SANCTIONED \_\_\_\_\_ ACTUAL \_\_\_\_\_  
(AS ON \_\_\_\_\_)

**RECOMMENDATIONS FOR APPLICANT :**  
(Please give your recommendations with special reference to work, conduct, attendance etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARTICULARS OF DISCIPLINARY ACTION :

\_\_\_\_\_  
\_\_\_\_\_

WE CERTIFY THAT PARTICULARS GIVEN IN THE APPLICATION ARE VERIFIED FROM THE BANK'S RECORD AND FOUND CORRECT.

\_\_\_\_\_

BRANCH : \_\_\_\_\_

SIGN. CODE : \_\_\_\_\_

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**ZONAL MANAGER'S RECOMMENDATIONS :**

**SUBSTITUTE REQUIRED / NOT REQUIRED :** YES / NO

**ANY OTHER RECOMMENDATIONS :**