

K. F. C. FORM 7

[See Chapter IV. Article 81(a)]

REPORT OF TRANSFER OF CHARGE

Headquarters :

Forenoon

Post :

Order under which Transfer of Charge is made :

RELIEVED OFFICER

1. Name and initials (Block letters) :
2. (i) If proceeding on leave :
 - (a) Nature, duration and period of leave :
 - (b) Address during leave :
- (ii) If on transfer-
 - (a) Post :
 - (b) Station to which transferred :
3. Signature :
4. Regular post held (if only holding additional charge) :
5. Signature, designation and address of countersigning Officer (if only necessary) :

RELIEVING OFFICER

6. Name and initials (Block letters) :
7. (i) Whether returning from leave :
 - (ii) If so, place at which orders of posting received :
 - (ii) If not, from what-
 - (a) Post :
 - (b) Station transferred :
 - (c) Date of relief at old station : Forenoon / Afternoon.
8. Signature :
9. Regular post held (if only holding additional charge) :
10. Name of Treasury from which payment is to be drawn :
11. Signature, designation and address of countersigning officer(if only necessary) :

Note:- 1. The report of transfer of charge should be sent by the officer concerned by post on the same day to the Accountant General (A&E).
2. When the reports of transfer of charges are signed conjointly by the relieving and relieved officers each of them should forward separate copy of the report to the Accountant General (A&E) with the duly filled up covering letter on the facing page.
3. A copy of the report of transfer of charge should simultaneously be sent to the concerned treasury officer.

No.....

Dated.....

From

.....
.....
.....

(Full postal address including PIN CODE to be given here)

To.

The Accountant General (A&E)

.....
.....

Ref: Entt. No.GE.....

Sir,

I am forwarding my Report of Transfer of Charge on * assuming relinquishing charge additional charge of the post of

.....
.....onForenoon/Afternoon

Yours faithfully,

.....
.....

For use of the A&E Officer.

Entered in the Entt. Register :

Entered in the Leave Account :

Pay slip issued on.....

Accountant

SO/AAO

Copy to.....

.....
.....

* Strike off whichever is not applicable.