

14	Whether EDP trained (Yes/No) (If yes, specify project)		
15	APAR GRADING (Upto two decimal places)	APAR	GRADING
16	Brief Grounds for transfer:		
Attach latest Medical Certificate (NOT MEDICAL PRESCRIPTION & TEST REPORTS) in respect of medical cases and Service certificate showing Station & Department from the employer in case of spouse.			
17	UNDERTAKING		
It is to undertake that the information furnished above are correct.			
18	Date: ___/___/20___	(SIGNATURE OF APPLICANT)	
(ALL COLUMNS ARE MANDATORY AS PER APPLICABILITY)			
(To be filled by the Controller's office)			
19	GROUND FOR RECOMMENDATION (Hard Tenure Completion, Age, Physically Challenged %, Medical Self, Medical Dependent, Serving Spouse - As per DoPT Guideline, Lady Seeking Repatriation, Home Town, Stay Away)		
20	If Not recommended reason thereof	_____	
21	Whether any disciplinary case is pending against the individual.	_____	
22	Date: ___/___/20___	(SIGNATURE AND SEAL OF GO(AN))	