

	MTI - HAYATABAD MEDICAL COMPLEX	Doc. No.	HMC-HRD-F-87
	HUMAN RESOURCE DEPARTMENT	Version No.	00
	POSTING/TRANSFER FORM	Date	16-07-2026

EMPLOYEE INFORMATION			
Employee Name		Employee MR.No.	
Designation		Effective Date:	
Current Department/Unit		New Department/Unit	
Reason for transfer			

FOR OFFICIAL USE ONLY	
Remarks & Signature of Head of Department (Relieving)	
Remarks & Signature of Head of Department (Receiving)	
Remarks & Signature of Superintendent HR:	
Approved by Medical Director for Clinical Staff	
Approved by Hospital Director for Non-Clinical Staff	
Approved by Nursing Director for Nursing Staff	
HRMIS remarks:	