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:	