

**TRANSFER OF DISPENSARY  
(IN TRIPLICATE)**

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1. No. of CGHS Identity Card \_\_\_\_\_
2. Name & Designation of Government Servant \_\_\_\_\_
3. Ministry \_\_\_\_\_
4. Previous residential address and Dispensary from which transferred \_\_\_\_\_
5. New Residential address \_\_\_\_\_
6. Signature of Government Servant \_\_\_\_\_
7. New Dispensary allotted \_\_\_\_\_
8. Signature and Designation of issuing Authority \_\_\_\_\_
9. Signature of Medical Officer Incharge Dispensary from which transferred \_\_\_\_\_
10. Signature of Medical Officer incharge Dispensary to which transferred \_\_\_\_\_

Dated the :-

**Signature** \_\_\_\_\_  
**Name (in block letters)** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Section/Desk/Cell** \_\_\_\_\_