

Format 1

Annual Transfer Application of the Sri Lanka Animal Production & Health Service

01. Present Place of work

Ministry/Department

Province

District

Divisional Secretary's Division

Veterinary Surgeon Division

02. I. Officer's name in full

II. National Identity Card No.

III. Telephone no.

03. I. Permanent Personal Address

II. Temporary Address

04. I. Date of Birth Year Month Date

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II. Gender

05. I. Married or Single

II. Number of children, their ages, schools - if attending

Name of the child	Age	School

III. Name of the spouse

Place of work of the spouse.....

Whether the spouse is in active service in the armed forces or in the police? If so, service which he/she belongs to and the designation

06. I. Position held in the Sri Lanka Animal Production & Health Service:
- II. Present Class or Grade :
- III. Date when appointed to that Class/Grade
- IV. Date of first appointment
- V. Whether the officer has been absorbed to provincial government service
- If yes, reference number of the absorbed letter :
- Date :
- VI. Address of the present place of work :
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07. Details of services performed at each place of work since the date entered into service up to now:
 (Providing of details regarding the places of work is essential when completing this format, and as such, if the space given here is not sufficient, you may attach another table similar to the one given below)

Place of Work	Divisional Secretary's Division	Category of the Place of Work (A,B,C,D)			From - To	Total Period	Whether in the Government Service/ Provincial Government Service	Marks that you expect according to the place of work where you served
		Province	District	Divisional Secretary's Division				

(Incomplete and false details should not be provided)

08. Details of achieving of performance targets (In order to prove it is essential to provide information in writing)

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09. Request of transfer to
- I. Provincial Council i. ii. iii.
- II. If under the Central Government,
- Ministry :
- Department :

10. Reasons for requesting for transfer

I.

II.

III.

11. If there are reasons to state specially

.....

.....

.....

.....

12. Marks expected as per the transfer procedure

Serial No.	Matter	Marks
1.	As per the places of work where you served (State the total of marks given under para 7)	
2.	Permanent residence	
3.	Place of work of the spouse/death	
4.	Having school attending children	
5.	Matters taken into consideration as per the discretion of the transfer board	
6.	Performance (with proofs in writing)	
Total		

I do hereby certify that the above particulars given by me are true and I am aware that I may be subject to disciplinary action if the said information I have provided is found to be false.

Date

.....
(Officer's signature)

Part II
Recommendations of the Heads where the officer is serving attached to at present
Recommendations of the Provincial Director/Head of the Division

I hereby certify that the particulars stated in the application are correct. The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Only for the officers those who have been absorbed to the provincial government service.
Recommendation of the Secretary to the Provincial Ministry

The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Recommendation of the Provincial Chief Secretary

The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Recommendation of the Provincial Public Service Commission

Recommended to release the officer with/without replacement from provincial government service.

Date :

Signature
Official stamp

Format II

**Application to Complete by the Officers in the Sri Lanka Animal Production and Health Service
those who are not Applying for Annual Transfer**

01. Present Place of work
Ministry/Department
Province
District
Divisional Secretary's Division
Veterinary Surgeon Division

02. I. Officer's name in full
.....
II. National Identity Card No.
III. Telephone no.

03. I. Permanent Personal Address
.....
II. Temporary Address
.....

04. I. Date of Birth Year Month Date

II. Gender
.....

05. I. Married or Single
II. Number of children, their ages, schools - if attending

Name of the child	Age	School

III. Name of the spouse
.....
Place of work of the spouse.....

Whether the spouse is in active service in the armed forces or in the police? If so, service which
he/she belongs to and the designation
.....

06. I. Position held in the Sri Lanka Animal Production & Health Service:
- II. Present Class or Grade :
- III. Date when appointed to that Class/Grade
- IV. Date of first appointment
- V. Whether the officer has been absorbed to provincial government service
- If yes, reference number of the absorbed letter :
- Date :
- VI. Address of the present place of work :
-
07. Since not applied for annual transfer, state three ministries/departments/provincial councils where you prefer to serve if a transfer is given.
- I.
- II.
- III.
- IV.
- V.
08. If there are any reasons to state specially
-
-

09. Marks expected as per the transfer procedure(as per 9.2 of the scheme)

Serial No.	Matter	Marks
1.	As per the places of work where you served (State the total of marks given under para 7)	
2.	Permanent residence	
3.	Place of work of the spouse/death	
4.	Having school attending children	
5.	Matters taken into consideration as per the discretion of the transfer board	
6.	Performance (with proofs in writing)	
Total		

Copies of performance appraisals of five preceding years are attached herewith.

I do hereby certify that the above particulars given by me are true and I am aware that I may be subject to disciplinary action if the said information I have provided is found to be false.

Date

.....
(Officer's signature)

Part II
Recommendations of the Heads where the officer is serving attached to at present
Recommendations of the Provincial Director/Head of the Division

I hereby certify that the particulars stated in the application are correct. The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Only for the officers absorbed to the provincial government service.
Recommendation of the Secretary to the Provincial Ministry

The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Recommendation of the Provincial Chief Secretary

The officer can be released with/without a suitable replacement.

Date :

Signature
Official stamp

Recommendation of the Provincial Public Service Commission

Recommended to release the officer with/without replacement from provincial government service.

Date :

Signature
Official stamp

Format III

Details of all officers not in scheduled posts those who have served more than five years in a ministry, department/more than ten years in a provincial council should be included here.

Note that the names of officers with the longest service period should be included first. (Service period should be calculated as at 30th June of the year)

Ministry/Department/Provincial Council

.....

District.....

Name of the Officer (Mr./Mrs./Ms.	NIC No.	Designation/Grade	Date of Birth & Age as at.....	Present place of work & the service period in that place as at June 30 th	Civil Status	Place of work of the spouse	Number of children & No. of school attending children	Presently residing area and address	Places of work where served since the first appointment and duration	Have you applied for annual transfer? If not applied for annual transfer, state three ministries/departments/provincial councils where you prefer to serve if a transfer is given

Prepared by : Name

Signature :

I do hereby certify that details of all officers in the Sri Lanka Animal Production and Health Service those who have completed a serve period of more than five years in this ministry, department/more than 10 years in a provincial council are included in this document and that all the details are correct. I certify taking into consideration that furnishing of false information may lead to report to the disciplinary officer concerned.

Prepared by : Name

Signature

Date :

Signature of the Secretary to the Ministry/
Head of the department

Format IV

(Should be forwarded through the head of the division where the officer is serving attached to)

Name

Designation.....

Address.....

Date.....

Through

.....,

Secretary to the Line Ministry In Charge of Livestock.

Representations relating to Proposed Annual Transfer

I have been informed by your letter/proposed annual transfer Schedule No dated.....that it is proposed to transfer me to/my application has been rejected/my transfer has not been given as per the transfer application dated forwarded by me.

02. I kindly request under Section 209, Volume I of the procedural rules of the Public Service Commission that the proposed transfer be cancelled/varied on the basis of the following facts.

- 2.1
- 2.2
- 2.3

03. Certified copies of following documents are attached in support of the above facts.

04. I request that I be transferred to one of the following work stations :-

- 1st preference.....
- 2nd preference.....
- 3rd preference.....

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Signature

1. Secretary, Line Ministry In Charge of Livestock
2. Department of Animal Production and Health
3.

Recommendation of the Head of the Department

Secretary to the Ministry,

I am satisfied /not satisfied that the facts mentioned above byare correct.
This request is recommended/not recommended.

Date

Signature
Name
Designation
Official stamp