

CENTRAL GOVT. HEALTH SCHEME, TRIVANDRUM  
FORM FOR TRANSFER OF DISPENSARY ( in triplicate )

1. Number of the Identity Card :
2. Name of the Govt. Servant/  
Pensioner etc. :
3. Office in which employed :
4. Previsous residential address and  
dispensary from which transfer is  
desired :
5. New Residential address :
6. Signatures of the Govt. Servant :
7. Name and number of the new  
CGHS Dispensary allotted by  
the Issuing Authority. :
8. Signatures with designation of  
Issuing Authority along with  
Official stamp :
9. Signatures of Medical Officer-in-  
charge of the dispensary from  
which transferred. :
10. Signatures of the Medical Officer-  
in-charge of the dispensary to  
which transferred :

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