

**APPLICATION FOR CONTRACT FACULTY WHO APPLIED FOR TRANSFER ON MUTUAL,
SPOUSAL AND DEADLY DISEASES**

1. Name of the Candidate :-
2. Subject:-
3. Qualification :-
4. Present Place of Working:-
5. Date of Joining in present College :-
6. Date of Disturbed :-
7. Reason for Disturbed:-
8. Date of initial Joining as CF:-
9. Place of initial Joining as CF :-
10. Whether district average reached after IPE March -2015 results or IASE May -2015:
11. District average after IPE March, 2015 in your respective subject:
12. Pass percentage in both including IPE March -2015 & IASE – May – 2015 :-

No. of Students appeared for IPE – March – 2015	No. of Students Passed in IPE March- 2015	Pass Percentage achieved after IPE March, 2015	No. of Students Passed in IASE - MAY-2015	Pass Percentage after IASE May, 2015

13. Details of Mutual transfer requested if any :
14. Details of transfers requested under Spousal if any:
15. Details of transfers requested under Medical Grounds if any :-
(i.e., Cancer, Bypass surgery, Suffered Heart Attack, Kidney failure(Undergoing Dialysis Only)
16. Contact Number:

SIGNATURE OF THE APPLICANT