

TRANSFER PROFORMA

1. a. Name of the Officer: **SUNIL TIWARI**
 b. Designation: **: INSPECTOR**
 c. Date of Birth: **: 09-06-1987**
 d. Date of Initial Appt. in the Dept. & Grade: **16.12.2010 (as Stenographer-III)**

(b) Date of Apptt. in the present grade: **19.09.2016**

2. Name of Home town & State :
3. History of posting since entry in service:

S. No	Name of the office with station	Post Held	From (date)	To(Date)
1.	Shillong customs(Hqs.)	Steno-III	16.12.2010	26.12.2016
2.	Customs Division, Ghy	Steno-III	27.12.2010	18.09.2016
3.	Customs Division, Ghy	Inspector	19.09.2016	Till date

4. Options/preference for station/ Commissionerate

a. Retained

b. _____

5. If retention at present station is requested, please give reasons for such request

a.

b.

6. Any other request/details which you would like to submit.

Sunil Tiwari
 03.11.16
 Signature of the officer
 Name

Verification

Certified that the particulars furnished above have duly been verified from office records and found correct.

Head office / Controlling Officer

AKMairu
 02/11/16
 सहायक आयुक्त
 Assistant Commissioner
 सीमा शुल्क प्रभाग, गुवाहाटी-5
 Customs Division, Guwahati-5