

TRANSFER PROFORMA

19

1. (a) Name of the officer (in block letters) : SAITLUANGA SAILO
 (b) Designation : INSPECTOR
 (c) Date of birth : 20.02.1984
 (d) Date of initial appt in the Dept & grade: 27.04.2016
 (e) Date of appt in the present grade : 13.04.2016
 2. Name of Home town & state : Churachandpur, Manipur
 3. History of posting since entry in service :

Sl No.	Name of office with station	Post held	From	To
1	Appeal & Review, Customs Hqs. Shillong	Inspector	27.04.2016	fill date
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

4: Options/ Preference for station/ Commissionerate:

- (A) Customs Hqs. Shillong
 (B) Customs Div. Aizawl
 (C) _____
 (D) _____

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

- A. Yes. First posting. Still in learning process
 B. _____
 C. _____

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

- A. _____
 B. _____

S. Saito

Signature of the Officer

Name:

SAITLUANGA SAILO

VERIFICATION

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

Head Office/ Controlling Officer

Sudip Bhattacharjee
 15/11/16
 सुदीप भट्टाचार्य
 Sudip Bhattacharjee
 अधीक्षक (अपील वपुनःपरीक्षण)
 Superintendent (Appeal & Review)
 सीमा शुल्क मुख्यालय: पूर्वोत्तर क्षेत्र: शिलांग
 Customs Hqs, NER, Shillong