P/10

TRANSFER PROFORMA

1. (a) Name of the Officer (in block letters) : Smti Clara L. Nongrum
   (b) Designation : INSPECTOR
   (c) Date of Birth : 10.10.67.
   (d) Date of Initial Appt. in the Deptt. & Grade : 30.03.94.
   (e) Date of Appt. in the Present Grade : 17.05.10.

2. Name of Hometown and State : SHILLONG/MEGHALAYA.

3. History of postings since entry in service :

Sl. No.	Name of Office with Station	Post Held	From (Date)	To (Date)
1.	Shg. Cen. Ex. CIU-VIG Br.	L.D.C.	30.03.94	31.05.99
2.	Shg. Cen. Ex Arti/E. Br.	L.D.C.	01.06.99	12.7.99
3.	Shg. Cen. Ex. G.L. Br.	L.D.C./Sr.T.A.	13.7.99	17.6.05
4.	Cus. Hqrs. Shg. Accounts Br	Sr. T.A.	18.06.05	01.04.08.
5.	Cus. Hqrs. Shg Estt Br..	Sr.T.A./Insp.	02.04.08.	28.02.10
6.	Cus. Hqrs. Shg. Audit Br.	Insp.	01.03.10.	31.03.12
7.	Cus. Hqrs. Shg. Control Room	Insp/APRO	01.01.12	03.03.15.
8.	Cus. Hqrs. Shg. Prev. Unit	Insp.	03.03.15	Till date
9.				
10.				
11.				
12.				
13.				
14.				

4. Options/ preference for Station / Commissionerate:
   (a) Anywhere in Hqrs. Shillong.
   (b) _____
   (c) _____
   (d) _____
   (e) _____

5. If retention at present station is requested, please give reasons for such request:
   (a) _____
   (b) _____
   (c) _____

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

Signature of the officer: Nongrum
Name: SMTI. C.L. NONGRUM

VERIFICATION

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

D. Bhamaji