

## Transfer request letter – through proper channel

Date:

**The Director In-Charge,**

NIELIT Shimla

Cedarwood Building, Jakhoo Road, Shimla -1

Respected Sir,

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Designation) having employee code \_\_\_\_\_ working at \_\_\_\_\_ (School Name), \_\_\_\_\_ (District), request you to consider my transfer request from \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) to \_\_\_\_\_ (School Name), \_\_\_\_\_ (District). The reasons for submitting transfer request are as following:

1-

2-

Number of earlier transfer made by NIELIT after 01.04.2013: \_\_\_\_\_ (Count)

1- \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) from dd/mm/yyyy to dd/mm/yyyy.

2- \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) from dd/mm/yyyy to dd/mm/yyyy.

Date: \_\_\_\_\_

(Signature of employee)

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**(For Present School Use Only)**

It is recommended that the employee \_\_\_\_\_ (Name) may be transferred from \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) to \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) at his/her own request. The school has no objection/dues against the employee. In case he/she got transferred from this school at his/her own request, he/she will be relieved immediately.

No. of NIELIT faculties at school	No. of PGT(IP) at school	No. of IT Students in School

Date: \_\_\_\_\_

**Countersigned by Principal of the School With Stamp**

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**(For Proposed School Use Only)**

It is recommended that the employee \_\_\_\_\_ (Name) may be transferred from \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) to \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) at his/her own request. In case, he/she got transferred at his/her own request to this school, he/she will be allowed to join after relieving from previous school.

No. of NIELIT faculties at school	No. of PGT(IP) at school	No. of IT Students in School

Date: \_\_\_\_\_

**Countersigned by Principal of the School With Stamp**

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**(For DHE, Shimla Use Only)**

It is recommended that the employee \_\_\_\_\_ (Name) may be transferred from \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) to \_\_\_\_\_ (School Name), \_\_\_\_\_ (District) at his/her own request.

Date: \_\_\_\_\_

**Authorized Signatory**  
(DHE, Shimla)

**Note: The transfer request will be accepted only after getting recommendations from all the above three competent authorities.**