

**ORIGINAL**



ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ 20 \_\_\_\_\_

The Chairman  
Civil Service Commission,  
Gombe.

**APPLICATION FOR INTER/INTRA STATE TRANSFER**

1. NAME: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_
3. MIN/DEPARTMENT: \_\_\_\_\_
4. RANK: \_\_\_\_\_
5. DATE OF FIRST APPOINTMENT: \_\_\_\_\_
6. EDUCATIONAL QUALIFICATION: \_\_\_\_\_
7. DATE OF PRESENT APPOINTMENT: \_\_\_\_\_
8. POST FOR WHICH YOU HAVE APPLIED: \_\_\_\_\_
9. MIN/DEPARTMENT: \_\_\_\_\_
10. STATE CIVIL SERVICE APPLICABLE: \_\_\_\_\_
11. GAZETTE NOTICE OF FA/PA (IF ANY): \_\_\_\_\_
12. SALARY SCALE OF POST FOR WHICH YOU APPLIED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**PART II: TO BE COMPLETED BY PERMANENT SECRETARY / HEAD OF DEPARTMENT**

FILE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

CAN APPLICANT BE RELEASE WITHOUT REPLACEMENT? \_\_\_\_\_

REMARKS: \_\_\_\_\_

TERM OF SERVICE (E.G) CONFIRMATION, CONTRACT, ADDT, ETC: \_\_\_\_\_

APPLICANT'S STATE OF ORIGIN: \_\_\_\_\_

\_\_\_\_\_  
PERMANENT SECRETARY/HEAD OF DEPARTMENT  
DATE: \_\_\_\_\_ 20 \_\_\_\_\_