

**MINISTRY OF EXTERNAL AFFAIRS , INDIA
(TRANSFER OF DISPENSARY)
(TO BE FILLED IN TRIPLICATE)**

1. Number of the CGHS Identity :
Card
2. Name of the Government :
Servant
3. Ministry/Office in which :
deployed
4. Previous residential address :
5. New Residential Address :
6. Signature of the Government :
Servant
7. New Dispensary allotted by :
the Issuing Authority
8. Signature & Designation of the :
Issuing Authority (with
telephone number)
9. Signature of the Medical :
Officer In charge of the
dispensary from Which
transferred
10. Signature of the Medical :
Officer In charge of the
dispensary to Which
transferred

Place : New Delhi

Date :