

Date

CERTIFICATE TO BE ATTACHED WITH
CHARGE TRANSFER CERTIFICATE

Certified that I have verified all the entries made in the Registers being maintained in the Section/Department during my tenure as during the period from to and found them factually correct and conforming to the relevant rules governing the University.

Also certified that all pending files, currents and disposals physically available in the Section/Department and all Registers being maintained in the Section/Department as on have been properly listed and handed over along with the list (appended).

Charge handed over by

Charge taken over by

Signature:

Signature:

Name:

Name:

Designation:

Designation:

Asst.Registrar

Dy.Registrar

Jt.Registrar

Registrar/C.E./F.O./Director/HoD

MAHATMA GANDHI UNIVERSITY

CERTIFICATE OF TRANSFER OF CHARGES

Head quarters.....Date.....

Forenoon / Afternoon Post.....

Order under which transfer of charge made.....

FOR USE IN AUDIT OFFICE	
Entered in A/R.....	
Entered in L/Act.....	
Entered in H/S.....	
Leave salary Certificate issued.....	
Auditor	Supdt. /B.O.

RELIEVED OFFICER

1. Name & Initials (block letters)
2. (i) If proceeding on leave
 - a. Duration of leave:
 - b. Address during leave:
 - c. Place at which leave salary is to be drawn:
- (ii) If retiring or if proceeding on leave preparatory to retirement and if it is proposed to draw the Provident Fund money immediately whether application for withdrawal of Provident Fund money has been sent to the Accountant General
- OR
- (iii) If on transfer
 - a. Post:
 - b. Station to which transferred:
3. Signature:
4. Official designation; if only holding charges in addition to other duty:

RELIEVING OFFICER

FOR USE IN AUDIT OFFICE	
Entered in A/R.....	
Entered in L/Act.....	
Entered in H/S.....	
Joining time Admissible.....	
Joining time taken.....	
Pay slip issued.....	
Auditor	Supdt. /B.O.

5. Name & Initials (block letters)
6. (i) Whether returning from leave:
 - (ii) If so, place at which orders of posting were received:
 - (iii) If not, from what
 - a. Post:
 - b. Station (transferred):
 - c. Date of relief at old station:
- Signature:
7. If only holding charge in addition to the duty:
 - a. Official designation of relieving officer:
 - b. Name of Officer posted if Known:

If charge is made over or received at a station other than the head quarters, the name of such station should also be entered.