

Appeals pertaining to the Annual Transfers of the S.L.T.E.S. - Form No. 03

Submission of appeals to Public Service Commission in relation to the Annual Transfer Decisions 2024 - Information of the Appellant

a. Personal information

01. Name with initials :-			
02. Post and Grade			
03. Birthday :- YYYY/MM/DD	04. Age :- (As at 01.01.2024)	05. National Identity Card No. :-	06. Sex :-
07. Permanent Address :-	08. Temporary Address :-	09. Telephone Number Official :- Private :-	
10. Civil Status	11. Name of the spouse :-	12. Occupation and the place of work of the spouse :-	
13. Number of children :-	14. Their ages :-	15. Schools attending :-	

b. Particulars on the service

16. Date of appointment to the current post :-					
17. Current service station :-			18. City that the service station is situated :-		
19. Date of reporting for duty at the current service station:- YYYY/MM/DD			20. Period of service in the current service station :- (As at 31.12.2023) Years..... Months..... Days.....		
21. Have you served in a popular service station/s that you received benefits					
22. Previous service stations in the public service	Service station		Popular service station / Not a popular service station	Period of service	
	1			From	To
	2				
	3				
	4				
	5				
	6				

c. Information on requesting transfers (Mark ✓ in the relevant cage)

23	Have you applied for annual transfers?	Yes		If applied for transfers, service stations applied for 1. 2. 3. 4. 5.
		No		
Mention the Service station to which you have been transferred				

24. Number of officers involved in the transfer circle

25. Have you applied for the committee for reviewing transfers	Yes	
	No	

26. Information on the request made to the Review Committee

Cancellation of transfers		If applied for the revision of the transfer, service stations applied for 01 02 03
Revision of a transfer		
For obtaining a new transfer		

27. Decision of the Committee for reviewing transfers

28. Reasons for making an appeal to the Public Services Commission against the decision of the committee for reviewing transfers.

1.
2.
3.

29. Certified copies of the written evidence to prove the above reasons are attached as following annexes.

- Annex (01)
- Annex (02)
- Annex (03)

30. Reliefs sought

1.
2.
3.

I certify that the abovementioned information is true and accurate

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Date

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Signature

c. Recommendations of the Head of the Ministry/ Department

I hereby certify that the above particulars submitted by the officer are accurate in accordance with his/ her personal file. I recommend the appeal made to the Public Service Commission with regard to the Annual Transfers 2024. I do not recommend it due to the reasons below.

- I.
- II.
- III.

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Date

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Signature

d. Recommendations of the Transfer Authority

I. Number of officers who are involved in the transfer circle:

II. Recommendation on the appeal:

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Date

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Signature