

ELEMENTARY & SECONDARY EDUCATION DEPARTMENT, KHYBER PAKHTUNKHWA**JOINT APPLICATION FOR MUTUAL TRANSFER****BIODATA/SERVICE PARTICULARS**

Sr.	DESCRIPTION	FIRST PARTY	SECOND PARTY
1	NAME		
2	Father Name		
3	Date of Birth (DD/MM/YYYY)		
4	CNIC No.		
5	Personal No.		
6	Contact No.		
7	email (if any)		
8	Marital Status (Single/Married/ Divorce)		
9	Current School		
10	Current Designation		
11	Current BPS		
12	Distance from Home to Current School		
13	Distance from Home to Proposed School		
14	Current Basic Pay		
15	Appointment Status (Regular/Contract)		
16	1 st Appointment Date in E&SE		
17	1 st Appointment Post in E&SE with BPS		
18	1 st Appointment Date on Current Post		
19	1 st Appointment Date in Current School		
20	Length of Service as Whole in E&SE		
21	Length of Service on Current Post		
22	Length of Service in Current School	___Year(s), ___Month(s), ___Day(s)	___Year(s), ___Month(s), ___Day(s)
23	Date of Retirement (DD/MM/YYYY)		
24	Qualification (Last Academic Degree)		
25	Qualification (Last Professional Degree)		
26	Permanent Address as in CNIC		
27	Enrollment in Current School		
28	All Teaching Staff in Current School		
29	T. Staff in C. School in Same Cadre & BPS		
30	Reason of Seeking Transfer		
31	Medical Category (Normal, Special)		
32	Spouse (if in Govt: Current Posting Station)		
33	Remarks (if any)		

We hereby declare that all the information contained in this resume is in accordance with facts or truths to my knowledge. We take full responsibility for the correctness of the said information. We further declare that application provided along with documents may be cancelled, at any stage if any ineligible and/or the information's provided by us are found to be incorrect & proceed this case under E&D Rules 2011 for action against us.

By signing this acknowledgment, we affirm that I will not hold the department responsible for any consequences resulting from the acceptance or rejection of this application. We (Party A & B) waive any right to challenge the decision in the future and commit to respecting the department's authority in this matter.

First Party (Signature)**Second Party (Signature) ASDEO/ADO (Sign & Stamp)****Attesting Authority**
(SDEO/Head of School)