K.F.C FORM 7  
[See Chapter IV, Article 81(a)]
REPORT OF TRANSFER OF CHARGE

Head Quarters THIRUVANANTHAPURAM  Date ............. F N Post of ......................
............................................................................ Order under which transfer of Charge is made as per
proceedings No. ......................, dated ............... of Additional Registrar of Co-operative Societies
(General), Thiruvananthapuram.

RELIEVED OFFICER

1. Name and initials (Block Letters) :
2. (i) if proceeding on leave :
   (b) Address during leave :
   (ii) If on transfer :
   (a) Post :
   (b) Station :
3. Signature :
4. Regular post held (if only holding additional charge) :

5. Signature, designation and address of
   countersigning officer (if only necessary) :

RELIEVING OFFICER

6. Name and initials (Block Letters) :
7. (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 :
8. Signature :
9. Regular Post held (if only holding additional charge) :
10. Name to Treasury from which Payment
    is to be drawn : District Treasury, Thiruvananthapuram.
11. Signature, designation and address of
    countersigning officer (if necessary) :

Note: 1. The report of transfer of charge should be sent by the officer concerned
        by post on the same day the Accountant General (A&E)
2. When the reports of transfer of charge are signed conjointly by the
   Relieving and relieved offices each of them should forward separate copy
   of the report to the Accountant General (A&E) with the duly filled up covering
   letter on the facing page.
3. A Copy of the report of transfer of charge should simultaneously be sent
   to the concerned treasury officer.
From

To

The Accountant General (A&E)
Thiruvananthapuram.

Ref: - Entte. ...........................................................

Sir,

I am forwarding my Report of Transfer of Charge on *assuming/relinquishing/charge/additional charge of the post of ................................................................., Thiruvananthapuram on ............... Forenoon.

Yours faithfully,

For use of the A&E Office

Entered in the Entt. Register : 
Entered in the Leave Account :
Pay slip issued on ..............................................

Accountant SO/AAO

Copy to: Registrar of Co-operative Societies
D P I Junction, Thiruvananthapuram.

*Strike off whichever is not applicable.