

Telephone : 044-28335061  
Fax : 044-28331113



भारत सरकार / GOVERNMENT OF INDIA  
वित्त मंत्रालय / MINISTRY OF FINANCE  
राजस्व विभाग / DEPARTMENT OF REVENUE

OFFICE OF THE PRINCIPAL CHIEF COMMISSIONER OF GST &  
CENTRAL EXCISE  
TAMILNADU & PUDUCHERRY ZONE  
26/1, महात्मा गांधी मार्ग, नुंगम्बाक्कम, चेन्नै-600 034  
26/1, Mahatma Gandhi Road, Nungambakkam, Chennai 600 034

C.No.II/03/04/2021-CCA.Estt

दिनांक/Date : 09. 04.2021

To,

The Principal Commissioner / Commissioner of GST and Central Excise,  
Chennai North/South/Outer/Audit-I/II/Appeals-I/II/ Puducherry,  
Coimbatore/Salem/Trichy/Madurai/Coimbatore Audit/Appeals.

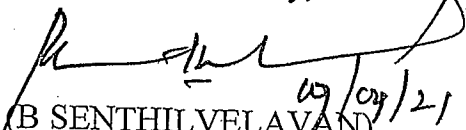
Sir/Madam

Subject: AGT 2021 in the grade of Superintendent – reg.  
-----

Please refer to the Transfer Policy 2018 of this Zone circulated vide letter  
C.No.II.39/417/2017 dated 27.04.2018.

In terms of Para 13.2 of Transfer Policy 2018, it is requested to forward the  
willingness of Superintendents who are willing to work in CCP Zone in the prescribed  
format (copy enclosed) to this office by 30/04/2021.

Yours faithfully,

  
(B SENTHILVELAVAN) 09/04/21  
ADDITIONAL COMMISSIONER (CCA)

Encl: As above.

Copy to : 1) The CAO, PCCO, Chennai.  
2) The Superintendent (Computer), GST & Central Excise, Chennai  
North for display in official website.

**PROFORMA FOR REQUEST TRANSFER**

C

1.	Employee Code					
2.	Name of the Officer					
3.	Designation					
4.	Date of Birth					
5.	Place where working at present					
6.	Date from which working :					
	(i) Present station <b>viz.</b> ,					
	(ii) Commissionerate					
	(iii) Present place of postings					
7.	History of Posting since entry into service :-					
S. No.	Designation	Place of Posting	From DD/MM/YYYY	To DD/MM/YYYY	Whether change was on request	Remarks
1						
2						
3						
4						
5						
8.	Whether request for transfer, if Yes, please give 3 different stations of choice in the order of preference. (Note : request for any station only will be considered and request for specific posting in any particular station will not be considered)			1. 2. 3.		
9.	Whether request for retention at present place					
10.	Reasons for seeking Transfer / Retention (attach separate sheet with supportive documents wherever necessary)					

Certified that the information furnished above is correct to the best of my knowledge and belief.

Place :

Date :

(SIGNATURE)  
(NAME)

**CERTIFICATE BY THE OFFICER MAINTAINING SERVICE BOOK**

Certified that the particulars submitted by the officer have been verified with service book and corrections have been made in relevant columns wherever necessary.

Place :

Date :

SIGNATURE OF THE OFFICER  
WITH NAME & DESIGNATION

**COMMENTS / RECOMMENDATIONS OF THE FORWARDING OFFICER**

1. DESERVING CATEGORY.

2. NO MERIT AT PRESENT.

Place :

Date :

SIGNATURE OF THE OFFICER  
WITH NAME & DESIGNATION