

**Application for Change of Category identical change for the post of in
.....Department on loss of seniority.**

1. Name of Employee :-
2. Father's/Husband's Name :-
3. Designation :-
4. Station :-
5. Basic Pay & Grade Pay :-
6. Date of Birth :-
7. Date of Appointment :-
8. Educational Qualification :-
9. Technical Qualification :-
10. Fit in Medical Category
(Classification) :-
11. Category Post for which change
in requested :-
12. Is the Applicant accept Bottom
Seniority of otherwise :
13. Adequate Ground for Change :-

Signature of Applicant

Forwarded for Necessary Action Please

Name :

Designation :

Incharge Station :

Subordinate

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