

# BIRLA INSTITUTE OF TECHNOLOGY, MESRA

## EMPLOYEE TRANSFER & TRANSPORT REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_

Employee code: \_\_\_\_\_

Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of form fill-up: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer action type (Please select one option):

- A. Self-Request Transfer
- B. Reassignment / Deputation

**Brief Explanation:**

|  |
|--|
|  |
|--|

|                           | Transferred from | Transferred to |
|---------------------------|------------------|----------------|
| Location                  |                  |                |
| Designation               |                  |                |
| Department                |                  |                |
| Specific Responsibilities |                  |                |

**Attachments:**

- Please attach the Registry office notification and approval note copy from Vice Chancellor
- Latest Salary Slip
- Transport Bills in original
- Copy of No Dues Form / Allotted Quarter (If any) surrender
- Relieving Order Copy

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## EMPLOYEE TRANSFER & TRANSPORT REIMBURSEMENT FORM

|                           | Name | Date of Birth |
|---------------------------|------|---------------|
| Husband/Wife              |      |               |
| Child 1<br>Below 21 years |      |               |
| Child 2<br>Below 21 years |      |               |

**Self-Disclaimer:**

I \_\_\_\_\_ Employee code \_\_\_\_\_ ensure that the Institute quarter allotted to me (if any) has been fully vacated by me and the keys have been handed over to the Estate office, there is no damage incurred to the institute property or to any employee; neither there is any criminal proceeding active at the time of this transfer. I shall be fully liable for any falsification of the bills if any, that may arise in future.

\_\_\_\_\_  
(Employee's Signature)

|  | Bill claimed by employee | Bill approved as per the policy.<br>(to be filled by DoFA office) |
|--|--------------------------|---|
| Household<br>Transportation              |                          |   |
| Self & Dependent<br>Family transfer cost |                          |   |
| Total amount claimed                     |                          |   |

**Forwarded by HoD**

\_\_\_\_\_ (HoD)

**Comments:**

\_\_\_\_\_  
DoFA/Registrar

**For Account Office:**

Please check the bills and kindly process for further payment/disbursal.