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CERTIFICATE OF TRANSFER OF CHARGE

FORM GFR 16

[see Rule 286 (1)]

Certified that I/ we have in the forenoon / afternoon of this day respectively made over and received the charge of the Office of in pursuance to Order No..... dated

Received Officer Relieving Officer

Signature Signature
(Name in Block Letters) (Name in Block Letters)

Designation..... Designation.....

Station Station.....

Dated Dated.....

(For use in Audit Office / PAO only)

Noted in A/R at pageSO/AAO/AO/PAO

Noted in A/R at page.....SO/AAO/AO/PAO

Forwarded by concerned in-charge with dated Signature, Name and Designation:

.....

Copy to:

1. Dr./ Sh./Ms.. (Relieving Officer).
2. Dr./ Sh./Ms.. (Receiving Officer).
3. Concerned in-charges/ Heads.
4. D.D.O., ICAR – IIVR, Varanasi.
5. Audit & Accounts Section, ICAR – IIVR, Varanasi.