

කාර්යාලය
அலுவலகம்
Office: } 011-2186055



මගේ අංකය.
எனது இல.
My No. } MWCA/2/5/16/20/9/2/12

ලේකම්
செயலாளர்
Secretary: } 011-2186057

කාන්තා හා ළමා කටයුතු සහ වියළි කලාප
සංවර්ධන අමාත්‍යාංශය
மகளிர்இ சிறுவர் அலுவல்கள்மற்றும் உலர்வலய
அபிவிருத்திஅமைச்சு

ඔබේ අංකය.
உமது இல.
Your No. }

ෆැක්ස්
பெக்ஸ்
Fax: } 011-2187249

Ministry of Women & Child Affairs and
Dry Zone Development

රමෙල්/மின் தபால் / Email: secvcdwa@gmail.com
වෙබ් අඩවිය/izajj; / Website: www.childwomenmin.gov.lk

දිනය.
திகதி.
Date } 30.07.2019


To All District/ Divisional Secretaries

Ministry of Women & Child Affairs and Dry Zone Development
Annual Transfers of Counseling Assistant – 2020

I approve the transfers of the officers whose names appear on the list attached hereto to be effective from 01.01.2020.

02. Officers who are not satisfied with the above transfer order may submit their appeal on the Format attached hereto on or before 31.08.2019.

03. Please inform the officers concerned to submit their appeal before the prescribed date using the correct Format.


D.S. Wijesekara
Additional Secretary (Admin)

Sgd: Dharshana Senanayaka
Secretary

Ministry of Women & Child Affairs and Dry Zone Development

Annual Transfers of Counseling Assistants - 2020

Application of Appeal

Divisional Secretariat :-

To be filled by the Officer.

01. I. Name in Full (Write in bold letters) :-

.....

II. Address of Residence :-

.....

02. Date of Recruitment :-

Prior Service Stations	Date of Transfer	Duration (From/ to)
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I
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II.....
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03. Divisional Secretariat to which 2020 annual transfer has been granted :-

04. Reasons for forwarding an Appeal:-

I.....

II.....

III.....

(Please attach certified copies of written proofs to prove above reasons)

05. Divisional Secretariat to which a transfer is required as per the Appeal :-

Date :-

Signature of the Officer

06. Observations of the Head of Department/ Divisional Secretary :-

I. Above particulars are accurate as per the Personal File.

Specific matters (if any, please mention below)

.....

II. The above Letter of Appeal is/is not recommended.

Date :-.....

Signature of Head of Department

(Incomplete applications will not be considered by the Board of Appeal)