

කාන්තා, ළමා කටයුතු හා සමාජ සවිබලගැන්වීම් අමාතාාංශය மகளிர்,சிறுவர் அலுவல்கள் மற்றும் சமூகவலுப்படுத்துகைஅமைச்சு Ministry of Women, Child Affairs and Social Empowerment

මගේ අ∙කය. எனது இல. My No	MWCA/2/5/16/9/ 2/12
ඔබේ අංකය.	
உமது இல.	}
දිනය.)
திகதி. Date	12.2023

All District / Divisional Secretaries,

Annual Transfers of Officers in the Post of Counselling Assistant - 2024

As per the Scheme of Annual Internal Transfers of the Counselling Assistants which has been forwarded for the approval of Public Service Commission by my letter No. MWCA/2/5/16/20//9/2/12 dated 21.07.2023, I herewith forward the decisions of the Internal Transfer Board which are to be implemented with effect from 01.02.2024 for the Counselling Assistants working in District and Divisional Secretariats on attachment by the Ministry of Women, Child Affairs and Social Empowerment.

- 02. Officers who are not satisfied with the decisions of the Internal Transfer Board may submit their appeals.
- 03. According to Paragraph 02 above, I kindly request you to forward the appeals prepared in accordance with the Specimen (Annexure I) with your recommendation by registered post to reach the Ministry on or before 30.12.2023.
- 04. Appeals receiving after the closing date will not be considered.

Yamuma Perera

Secretary

ெ இத்தி செய்லாளர்/Secretary:-

කාර්යාලය/அலுவலகம்/office

ே®ர்/மின் தபால்/Email:

වෙබ් අඩවිය/இணையத்தளம/Website: -

ღுவீங்/பெக்ஸ்/Fax

කාන්තා ,ළමා කටයුතු

011-2186057

011-2186055

011-2187249

secretary@childwomenmin.gov.lk

www.childwomenmin.gov.lk

05 වන මහල, II අදියර ,සෙක්සිරිපාය, බන්තරමුල්ල. 05 ஆம்மாடி, கட்டம் II, செத்சிறிபாய, பத்த்ரமுல்லை.

05th Floor, Stage II, Sethsiripaya, Battaramulla

සමාජ සවිබලගැන්වීම්

011-2883525 011-2887349-51

011-2187007

wcasesecretary@sltnet.lk

www.stateminsamurdhi.gov.lk 01 වන මහල, II අදිගර ,සෙන්සිරිපාය, බන්තරමුල්ල 01ஆம்மாடி, கட்டம் II, செத்சிறிபாய, பத்த்ரமுல்லை.

நும்மாடி, கட்டம் II, செத்சிறிபாய், பத்தரமுல்லை. 01st Floor, Stage II, Sethsiripaya, Battaramulla.

Annual Transfers of Counseling Assistants - 2024

Application of Appeal

Divisi	onal Sec	cretariat:					
To be	filled by	the Officer.					
01.	I. Name in Full (Write in block letters) :-						
	II. Address of Residence: -						
02.	Date of Recruitment: -						
	Previo	ous Service Stations	Date of Tran	nsfer	Duration (From/ to)		
03. 04.	Reaso II	onal Secretariat to which	ppeal:-				
	(Pleas	e attach certified copies	of written proofs to prove	e above reasons	9)		
05.	Divisi	Divisional Secretariat to which a transfer is required as per the Appeal:					
	Date:			Signature of t			
06.	Recommendation of the District/ Divisional Secretary :-						
	I. The above particulars are accurate as per the Information maintained by the District/ Divisional Secretariat. Specific remarks (if any, please mention below)						
	II.	The above Letter of Ap	ppeal is/is not recommen	ded.			
Date :							
		U.		Signature of Secretary	District/ Divisional		

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