



INTRA DEPARTMENT TRANSFER

Date:

Employee ID	:	
Employee Name	:	
Present working department	:	
Name of the department to transfer	:	
Reason for transfer request	:	

Number of MOOCs completed (only NPTEL / SWAYAM)

S. No	Roll No	Name of the Course	Offering Department	Number of Credits	Consolidated Score (%)

Date:

Signature of the Faculty

Recommendation by HOD:

Date:

HOD Signature

Remarks of Principal

Date:

Principal