

GRIEVANCE/DISCREPANCY FORMAT RELATED TO TRANSFER COUNT (TC)/DISPLACEMENT COUNT (DC)

**(Please submit the grievances/discrepancies in following format within the prescribed time limit as given in the Transfer Schedule)**

SN	NAME OF REGION	KV NAME	KV CODE	STATION CODE	NAME OF EMPLOYEE	DESIGNATION	EMPLOYEE CODE	DETAILS OF GRIEVANCE/ DISCREPANCIES
1								
2								
3								

Certified that the above grievances/discrepancies of the employee(s) concerned have been verified/examined by me.

**Signature of Principal/Controlling Officer**