

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

(Please submit the 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 DISCREPANCIES
1								
2								
3								

Certified that the above discrepancies of the employee(s) concerned have been verified/examined by me as per the office records.

**Signature of Principal/Controlling Officer
with seal**