



MTI-HAYATABAD MEDICAL COMPLEX, PESHAWAR

CERTIFICATE OF TRANSFER OF CHARGE

DEPARTURE PROFORMA

1. Certified that we have on the fore/afternoon of this day respectively handed over the charge of this office vide Order No. _____ dated _____
2. All documents confidential or otherwise have been received and detail of the same are provided on the reverse:- **(if any)**

Name of employee _____ Place of Duty _____
Departing (Relinquishing charge)

Dated _____ F.N/A.N _____ Designation _____

Signature of employee _____
Departing (Relinquishing charge)

(Charge receiving if applicable)

Name of employee _____ Place of Duty _____
Receiving the charge

Dated _____ F.N/A.N _____ Designation _____

Signature of employee _____
Receiving the charge

3. Remarks of Controlling Officer _____

Signature _____

4. Remarks of Superintendent HR _____

Signature _____

5. Remarks of Manager HR _____

Signature _____

6. Remarks of Hospital / Medical Director _____

Signature _____