

**कार्यालय महानिदेशक लेखापरीक्षा (अवसंरचना),
नई दिल्ली
Office of Director General of Audit (Infrastructure),
New Delhi**

UNDERTAKING / CERTIFICATE BY TRANSFERRED OFFICIAL

Sl. No.	Particulars	Details (To be filled by the Official)
1	Name of the Official along with Designation	
2	Present Posting (Office / Section)	
3	Office / Section where to transferred	
4	Transfer Office Order No. and Date	
5	Have all the files & receipts of e-Office been transferred to the Reporting Officer / Reviewing Officer? (Yes / No)	
6	Name & Designation of the previous Reporting Officer / Reviewing Officer	
7	Current Reporting Officer (If you are transferred to this Office)	
8	Date of Relieving from the Current section	
9	Date of joining to the current section	

(* Please submit this form along with Relieving Order)

Declaration

I hereby certify that the information furnished above is true and correct. I further declare that all **e-Office files and receipts have been duly transferred.**

Signature of Transferred Official		Countersignature of Reporting / Reviewing Officer	
Name		Name	
Date		Date	