

**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/ colleagues? (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 | |

NO DUES/DEMAND CERTIFICATE

Shri/Smt./Ms.....is to be relieved from this office consequent upon his transfer/retirement/re-employment to the Office of thevide office order No.....dated.....

The concerned group is requested to intimate that none of the following items is outstanding against ShriDesignation: as on..... In case an item is outstanding and the cost of the same is to be recovered, the details may please be intimated in monetary terms so that the amount is either recovered in this office or indicated in the LPC of the official concerned for necessary recovery.

| SL | Description | Remarks of dealing assistant |
|-----|--------------------|------------------------------|
| 1. | Calculator | |
| 2 | Briefcase | |
| 3 | Crockery items | |
| 4. | Flask | |
| 5. | Library books | |
| 6. | CGHS Card | |
| 7. | Identity Card | |
| 8. | Dongle | |
| 9. | TA/LTC | |
| 10 | Cashier | |
| 11. | Laptop | |
| 12. | Pen Drive | |
| 11 | Other items if any | |
| | | |

Signature of Concerned Officer/Official

Sr. Audit Officer(Admin)