INDIAN COUNCIL OF MEDICAL RESEARCH

Purpose: All ICMR Staff are required to fill the below form in case of transfer/ resignation /relieving to ensure the continuity and smooth functioning of the department.

HANDING OVER CHARGE REPORT

I, Dr/Mr./Mrs._____ have on the forenoon/afternoon of_____ handed over the charge / additional charge of the current duties of the post of _____Section/Division/ Cell_____ at ICMR Hq, to Dr./Mr./Mrs _____on as (reason)_____.

A) Details of responsibilities & Important pending matters handed over

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

vii. _____

B) Details of Files/Keys/ other material handed over

S.No	Description	Qty	Remarks

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TAKING OVER CHARGE REPORT

I, Dr/Mr./Mrs._____ have on the forenoon/afternoon of_____taken over the charge /additional charge of the current duties of the post of _____ Section/Division/ Cell _____ ICMR Hq, from Dr./Mr./Mrs. _____ on _____for the above reason.

_____ _____

Signature (Handed over by) Signature (Taken over by)

Date :_____

Place:_____

COUNTERSIGNED

Head of Division /ADG(A)