

ANNEXURE - II

(G.O.Ms.No.80, Finance (HRM-I) Department, Dated: 03-07-2024)

GOVERNMENT OF TELANGANA
GENERAL TRANSFERS - 2024
EMPLOYEE OPTION FORM

I	Employee Information	
a	EMPLOYEE ID	
b	Name of the Employee	
c	Date of Birth	
d	Gender	
e	Name of the post	
f	Post Cadre (State/Multizone/Zone/ District)	
g	Details of Local Cadre in which the employee is presently working	
h	Date of Initial joining into Service (optional)	
II	Details of present post held	
a	Name of the office presently working	
b	Name of the Present Post	
c	Present Post Location (Station)	
d	Date from which working in the present station	
III	Spouse Employment Details	
a	Whether Employee/ (Yes/No) (If yes give below details)	

b	State Govt. / State PSU / Telangana State Local Bodies /GoI/ GoI Undertaking	
c	Spouse Name	
d	Name of the Department	
e	Name of the Post	
f	Post Head quarters	
IV	Preferred Place (In the order of Priority)	
a	1 st Preference	
b	2 nd Preference	
c	3 rd Preference	
d	4 th Preference	
e	5 th Preference	
	Date:	
	Place:	(Signature of Employee)

SECTION OFFICER