

**ICMR-NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS, CHENNAI**

**CERTIFICATE OF TRANSFER OF CHARGE**

**FORM GFR 33**

**[See Rule 255(1)]**

Certified that I / we have in the forenoon / afternoon of this day respectively made over and received charge of the Office ..... In pursuance in Office Order No..... dated .....

Relieved Officer..... Relieving Officer.....

Signature .....  
(Name in Block Letters)

Signature .....  
(Name in Block Letters)

Designation .....

Designation .....

Station .....

Station .....

Dated .....

Dated .....

(For use in Audit Office / PAO only)

Noted in A/R at page ..... SO/AAO/AO/PAO

Noted in A/R at page ..... SO/AAO/AO/PAO

Forwarded by concerned in-charge with dated Signature, Name and Designation:

---