**GFR 16**

[ See Rule 286 (1) ]

**CERTIFICATE OF TRANSFER OF CHARGE**

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

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

Signature …..…………………..……… Signature …..…………………..…..…

(Name in Block Letters) (Name in Block Letters)

Designation …………………………… Designation …………………………..

Station …………………………………… Station ………………………………..

Date ……………………………………… Date …………………………………...

(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

Memo.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Dated Aizawl, the ………….….…, 2022.

Copy to:-

1. P.S to Minister, EF&CC, Mizoram.
2. Principal Secretary to the Govt. of Mizoram, EF&CC Department.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for information.
4. Principal Chief Conservator of Forests, Mizoram.
5. Under Secretary to the Govt. of Mizoram, DP&AR(SSW).
6. Chief Controller of Accounts, Accounts & Treasuries, Mizoram, Aizawl.
7. Deputy Director(Account), PCCF’s Office.
8. Treasury Officer, Aizawl South.
9. Officers concerned.
10. Guard File.

( )

**FORM GFR 16 (APPENDIX)**

[ See Rule 286(1) ]

CERTIFICATE OF TRANSFER OF CHARGE IN RESPECT OF TRANSFER/ASSUMPTION OF RESPONSIBILITIES FOR CASH, STORES, ETC.

Certified that I/we have in the forenoon / afternoon of this day …………… [date to be indicated] respectively made

over and assumed charge and responsibility of the following :-Cash Rs…………………………………

Permanent advance Rs…………………

Others……………………………………

Relieved Officer…………………………..

Reliving Officer……………………………

**GFR 16**

[ See Rule 286 (1) ]

**CERTIFICATE OF TRANSFER OF CHARGE**

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

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

Signature …..…………………..……… Signature …..…………………..…..…

(Name in Block Letters) (Name in Block Letters)

Designation …………………………… Designation …………………………..

Station …………………………………… Station ………………………………..

Date ……………………………………… Date …………………………………...

(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

Memo.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Dated Aizawl, the ………….….…, 2019.

Copy to:-

( )