**MOH Portal**

**User Manual- First Form of External Transfer Request**

1. **External Transfer Form 1**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This part to be filled by transfer seeker | 1. Transfer Seeker Data |  | |  |  | |  |  |  |
| Name |  | |  | Civil Register | |  |  |  |
| Job |  | |  | Rank & No. | |  |  |  |
| Beginning of service |  | |  | Qualification | |  |  |  |
| Current Employer |  | |  | Specialization | | General |  |  |
| Minor specialization |
| Transfer Destination |  | |  | Ministry Pledges | | Scholarship | Internal Scholarship | Other |
| Scholarship Period |  | |  | Beginning time: | From |  | | |
| TO |  | | |
| Reasons of Transfer Request |  | | | | | | | |
| 1-………………………………………………………………………………………………………………………………………………  2-………………………………………………………………………………………………………………………………………………  3-………………………………………………………………………………………………………………………………………………  4- ……………………………………………………………………………………………………………………………………………… | | | | | | | | |
| Transfer Seeker  Name:………………………………… Signature:………………………………………….. Date / / 143 H | | | | | | | | |
| This part to be filled by the current employer | 1. Employers Decision | |  | | | | | | |
| Approval Disapproval  Justifications: | | | | | | | | |
| Current Employer's Director  Name:………………………………… Signature:………………………………………….. Date / / 143 H  Stamp | | | | | | | | |

All fields must be filled accurately