**External Transfer Form 2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
| 1. Employers Decision
 | Approval  | Disapproval  |
| For not needing his services  | For not needing his specialization | For needing his services  | For needing his specialization  |
|  Personnel's Affairs Director in the region of ………… Health Affairs Director General in the region of ……….Name…………………………………………………. Stamp Name………………………………………………….Signature …………………………………………… Signature ………………………………………………….  |
|  Have you went on scholarship before  |  Yes  |  No.  |
| Scholarship country or the transfer destination  |   |  Start of the period  | From  |  |
| To |  |
| Do you have scholarship or transfer transaction under processing  | Yes |  No. |
| Director General of Training & ScholarshipName:……………………………………………………… Stamp Signature……………………………………… |
| Approval  | For not needing his services  | For not needing his specialization  |
| Disapproval  | For needing his services  | For needing his specialization  |
| Director/Director General of the Department Name:……………………………………………………… Stamp Signature……………………………………… |

All fields must be filled accurately