

INDIAN COUNCIL OF AGRICULTURAL RESEARCH

INDIAN INSTITUTE OF VEGETABLE RESEARCH

Post Bag No. 01, P. O. Jakhini (Shahanshahpur), Varanasi – 221305

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 to Office Order No..... dated

Received Officer Relieving Officer

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

Designation..... Designation.....

Station Station.....

Dated Dated.....

(For use in Audit Office / PAO only)

Noted in A/R at pageSO/AAO/AO/PAO

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

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

.....

Copy to:

1. Dr./ Sh. (Relieving Officer).
2. Dr./ Sh. (Receiving Officer).
3. Concerned in-charge/ Head.
4. D.D.O., I.I.V.R., Varanasi.
5. Audit & Accounts Section, I.I.V.R., Varanasi.