

Annexure –II

SJVN	REQUEST FOR TRANSFER PAY ADVANCE			Diary No.
				Date.
Name		Emp. No.	Designation	Deptt.
Scale of Pay	Pay	Date of joining SJVN at HQRs	Date of Release	Transfer Order No. & Date.
Date of Commencement of Journey:				
New Place of Posting:				
Amount of Advance required. (Not exceeding two months pay)				
Signature of the employee		Sanctioned		
Date		Signature of Controlling Officer Name Designation with Seal		
(FOR THE USE OF ACCOUNTS DEPARTMENT)				
DEBIT CODE		Voucher No..... Date.....		
Passed for Rs.....		Received Rs.....		
..... only.	only.		
Accountant	Accounts Officer/ Sr. AO	Date	Signature of the payee.	