

**कार्यालय महानिदेशक लेखापरीक्षा (अवसंरचना),
नई दिल्ली
Office of Director General of Audit (Infrastructure),
New Delhi**

UNDERTAKING / CERTIFICATE BY TRANSFERRED OFFICIAL

Sl. No.	Particulars	Details (To be filled by the Official)
1	Name of the Official along with Designation	
2	Present Posting (Office / Section)	
3	Office / Section where transferred	
4	Transfer Office Order No. and Date	
5	Have all tasks been completed/closed in OIOS? (Yes / No)	
6	Date of Relieving from the Current Section	
7	Date of Joining to the Current Section	

(Please submit this form along with Relieving Order)

Declaration

I hereby certify that the information furnished above is true and correct. I further declare that all tasks have been completed/closed in OIOS: **Yes / No.**

Signature of Transferred Official	Countersignature of Coordination Officer
Name:	Name:
Date:	Date: