

FORM-GFR-33

(See Rule-78)

Certified that I have in the Forenoon / Afternoon of the day _____ made
over / received the charge of the Office of _____ in pursuance of
Government of India, Ministry of Health & Family Welfare Order
No. _____ Dated _____ and endorsement of
Health & Family Welfare Department, Govt. of NCT of Delhi vide Order
No. _____ dated _____.

SIGNATURE OF THE RELIEVING / RELIEVED OFFICER

NAME IN BLOCK LETTERS:

DATE:

STATION: