

**NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF
HEALTH AND MEDICAL SCIENCES, SHILLONG - 793 012**

CHARGE REPORT

(APPOINTMENT/LEAVE/TRANSFER/RESIGNATION)

Certified that the Charge of the post of _____ in the
North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong
has been assumed / relinquished by me on this forenoon / afternoon of _____
in accordance with Memo No. NEIGR - _____ dated _____

Signature _____

Name _____
(In Capital letters)

Shillong, dated the _____

Designation _____

Copy to :-

1. Medical Superintendent
I/c, NEIGRIHMS, Shillong.
2. Accounts Section, NEIGRIHMS, Shillong.
3. Department / Section _____ NEIGRIHMS, Shillong
4. Personal File.
5. Appointment File.