



राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान  
NATIONAL INSTITUTE OF OPEN SCHOOLING

आईएसओ 9001 : 2008 प्रमाणित/ISO 9001 : 2008 Certified

(स्कूल शिक्षा और साक्षरता विभाग, मा.सं.वि.मं., भारत सरकार के अंतर्गत एक स्वायत्त संस्था)

(An Autonomous Institution Under Deptt. of School Education and Literacy, M.H.R.D., Govt. of India)

F.No. 41-15/2011/NIOS/Pers

17<sup>th</sup> September, 2019

**OFFICE ORDER** - 342/2019

**Subject: Rotation of Officers/ Officials working in sensitive posts**

In continuation to the Office Order No. 338/ 2019 dated 3<sup>rd</sup> September, 2019 regarding Officers/ Officials who having all India transfer liability and completed three years in same City were requested to give three options (City - Wise) for posting for considering transfers. However some staff has given options in same city while some have not submitted their options. It is clarified that the staff who wish to request to be retained in the same city for personal reasons, may submit detailed reasons for consideration. The last date of submission of option is extended upto 23<sup>rd</sup> September, 2019 (Monday).

Those Officers/ Officials have given their option with the condition i.e. without clear option of City Wise or have not given their options are requested to give their clear cut **Option of City** latest by **23<sup>rd</sup> September, 2019 (Monday)**. No requests will be entertained thereafter.

(Anjani Kumar)  
Secretary

- 1) All Heads of the Department, NIOS
- 2) Director (SSS) with a request to get the option from all the staff at the Regional Centres/ Sub- Regional Centres, NIOS
- 3) Deputy Director (CMO) for kind information of Chairman, NIOS
- 4) Joint Director (Admn), NIOS
- 5) SA/P for uploading on the NIOS website
- 6) Office Order file
- 7) Notice Board



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OPTION FORM FOR TRANSFER

With reference to Office Order No. \_\_\_\_\_ dated \_\_\_\_\_, I  
(\_\_\_\_\_ name and designation) hereby  
giving my option as under:

(Name of the City)

Option 1. \_\_\_\_\_

Option 2. \_\_\_\_\_

Option 3. \_\_\_\_\_

\_\_\_\_\_  
(Signature with date)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_