



(Appointment / Officiating / Transfer / Leave etc.)

CHARGE REPORT

This is to certify that the charge on the post of _____ in
Department of _____, Central University of Andhra Pradesh,
Ananthapuramu has been **assumed** by me this **forenoon/afternoon** of date _____
in accordance with Office Order No. _____ date _____

Signature : _____

Name (in block) : _____

Designation : _____

Department : _____

Countersigned by

Controlling Officer / Head of Department (with seal)

(FOR OFFICE USE ONLY)

Memo No. _____ dt. _____

Copy to :-

1. Finance & Accounts Section, CUAP.
2. Person concerned.
3. Concerned staff personal file.
4. File copy.

Signature of A.R. (Admin.)