

**Government of Kerala**  
**Department: Medical Education**  
**Norms Based General Transfer for the Department**  
**of Community Medicine**  
**Final Report for Verification**

Sl. No	PEN	Name	Designation	Office Transferred from	Office Transferred to	Protection If any
<b>Post/Cadre Name: ASSISTANT PROFESSOR, DEPT OF COMMUNITY MEDICINE</b>						
1	734630	DR. TOM WILSON	ASSISTANT PROFESSOR	MANJERI	KOZHIKKODE	
2	599163	DR. BIJU GEORGE	ASSISTANT PROFESSOR	KOZHIKKODE	MANJERI	

THOMAS MATHEW  
DIRECTOR