केन्द्रीय विद्यालय संगठन (मु.)

केन्द्रीय विद्यालय संगठन

18, संस्थागत क्षेत्र, शहीद जीत सिंह मार्ग, नई दिल्ली - 110016 KENDRIYA VIDYALAYA SANGATHAN (HQ)

18, Institutional Area, S.J.S. Marg, New Delhi-110016

द्रभाष/Tel:011-26521898 फैक्स/Fax: 26514179

Website: kvsangathan.nic.in E-mail: kvs.estt.l@gmail.com

F. 11048/1-1/2019-KVSHQ(Estt.1)_

11364-11416

03.2019 م: Date

उपायुक्त केन्द्रीय विद्यालय संगठन सभी क्षेत्रीय कार्यालय/ जीट एवं प्राचार्य, सभी केन्द्रीय विद्यालय (मॉस्को, तेहरान एवं काठमांडू को छोड़कर)

विषय: पत्र संख्या 11048/1-1/2019-KVSHQ(Estt.1) दिनांक 06.03.2019

महोदया,

उपरोक्त विषयक पत्र संख्या संख्या 11048/1-1/2019-KVSHQ(Estt.1) 06.03.2019संलग्न किया जा रहा है।

भवदीय

संलग्नः उपरोक्त

(वरुण मित्र)

सहायक आयुक्त (स्था-1)

र्गायुक्त, (ई. डी. पी.) सैल, - कृपया संलग्न पत्र को मय संलग्नको के केन्द्रीय विद्यालय संगठन (म्॰), नई

दिल्ली में अपलोड करें।

केन्द्रीय विद्यालय संगठन (मुख्यालय)

केनीय विद्यालय संगठन

18,संस्थागत क्षेत्र, शहीद जीत सिंह मार्ग, नई दिल्ली - 110016

KENDRIYA VIDYALAYA SANGATHAN (HQ)

18, Institutional Area, S.J.S. Marg, New Delhi-110016 दूरभाष/Tel.:011-26521898 फैक्स/Fax: 26514179

E-mail - kvs.estt.1@gmail.com

F.11048/1-1/2019-KVSHQ(Estt-I) | B (4 - 11416

Date: 06.3.2019

The Deputy Commissioner/Director

All Regional Offices/ZIETs

& Principal

All Kendriya Vidyalayas (Except KV Moscow, Tehran and Kathmandu)

Sub: Annual Request Transfer in respect of Principals/Principals Grade-II/
Vice Principals of Kendriya Vidyalayas and Section Officers/Finance Officers/
Administrative Officers/Assistant Education Officers/Assistant Commissioners/Deputy
Commissioners/Directors of Regional Offices/ZIETs/KVS(HQ) for the year 2019-20- Invitation of Applications- Reg.

Madam/Sir,

It has been decided to invite applications from Principals, Principals Grade-II/Vice Principals of KendriyaVidyalayas and Section Officers/Finance Officers/Administrative Officers/ Assistant EducationOfficers/Assistant Commissioners/Deputy Commissioners/Directors of Regional Offices/ZIETs/KVS (HQ) for considering request/administrative transfers during the year 2019-20. The Competent Authority has also decided to call for the five choice stations to consider transfers of these officers in the event of transfer in public interest/on their own request. To facilitate this, all ranks of employees, as stated above, need to fill up Part-A of the application. Part-B needs to be filled up only by those employees who are seeking transfer on request.

02. <u>INFORMATION TO ALL CONCERNED</u>

Awareness of the instructions in proper perspectives is required to fill up the application form as desired. Therefore, sufficient copies of this letter along with the application form be prepared. One copy is meant for official use and others are to be provided to concerned employees underreceipt.

03. HOW TO APPLY

All employees, as mentioned above, are permitted to prefer only one application (in quadruplicate/triplicate/duplicate, as the case may be)in the prescribed format after going through the instructions contained in this letter. Overwriting is not allowed. Each column/part of the application form should be filled properly. No page of the application is to be removed. Column/parts/pages, not applicable/not filled/not to be used, should be crossed and each page of the application be signed by the concerned employee.

04. SAFEGUARD AGAINST EXTRANEOUS INFLUENCE

Employees shall not bring in any outside influence in service matters. If such an influence from any source, espousing the cause of an employee, is received it shall be presumed that the same has been brought in by the concerned employee. The request of/for such an employee shall not be considered. Action may also be initiated against such an employee under relevant service rules. Attention of all concerned is also drawn to the provision of Article 59 (27) of Education Code, Rule 20 of CCS (Conduct) Rules and letter No. F.11029/2016/KVS(HQ)/E-II/PP dated 06/09.05.2016 of the Commissioner, KVS.

05. FORMAT AND ENCLOSURES

The application, when produced, must conform to the given format both in form and content. Medical certificate in support of medical ground and declaration regarding employment of spouse are part of the application. These should be obtained on the body of the form itself to avoid detachment. Application and enclosures should be tagged properly by numbering each page. No enclosure will be kept separately. Irrelevant enclosures are not to be attached.

06. <u>SIGNING/ENDORSEMENT/VERIFICATION/COUNTERSIGNING</u>

- I. The application and declaration wherever necessary must be signed by the employee himself/herself. Application submitted by spouse, parents or others, for and/or on behalf of the employee is not acceptable and should not be forwarded. Medical Certificate must bear the signature of the Civil Surgeon/or equivalent.
- II. Application of a subordinate must be endorsed by the Principal, KV concerned/Deputy Commissioner/Director of the Regional Office/ZIET concerned (as the case may be) after satisfying himself/herself regarding correctness of the entries made by the applicant. It has been observed in the past that the details furnished by the applicants are not subjected to proper verification before endorsing the application. Any wrong information filled by the applicant and duly endorsed/countersigned by the Principal, KV concerned/ Deputy Commissioner/Director of Regional Office/ZIET concerned will attract disciplinary action against the applicant as well as the endorsing/counter- signing authority. This is to be taken with utmost seriousness. Therefore, Principal of the KendriyaVidyalaya concerned and Deputy Commissioner/Director of the Regional Office/ZIET concerned are requested to ensure correctness of the entries, so that wrong information does not find place in the application form.

07. <u>SUBMISSION OF APPLICATION</u>

I. By Principals/Principals Grade-II/Vice Principals

Three copies each of the applications should be endorsed by the Chairman, VMC (in respect of Principals/Principals Grade-II)/and by Principal (in respect of Vice-Principals). The data filled in by Principals/Principals G-II/Vice-Principals in their application forms must conform to the data filled in by them in Google Forms being invited from them shortly. Out of these three copies, one copy may be retained in the Vidyalaya office and two copies may be sent to Deputy Commissioner so as to reach the Regional Office concerned latest by 01.04.2019. The Deputy Commissioner after filling required information and after due verification/endorsement/recommendation on both copies may retain one copy in Regional Office and send one copy to Assistant Commissioner (Estt.1), KVS (HQ) so as to reach KVS (HQ) latest by 11.04.2019.

II. <u>By Assistant Commissioners/Administrative Officers / Finance Officers / Section Officers of ROs/ZIETs</u>

Two copies each of the applications should be endorsed by Deputy Commissioner/Director ZIET. The Deputy Commissioner/Director, ZIET, after filling required information and after due verification/endorsement/recommendations on both copies, may retain one copy in Regional Office/ZIET office and send one copy to Assistant Commissioner (Estt.1), KVS (HQ), New Delhi so as to reach KVS (HQ) latest by 11.04.2019.

III. <u>By Deputy Commissioners/Directors of ROs/ZIETs and Assistant Commissioners/Assistant Education Officers/Finance Officers/Section Officers of KVS (HQ).</u>

Two copies of applications should be filled by the applicant. One copy may be kept for office/personal record while the other copy may be sent to Assistant Commissioner (Estt.1), KVS (HQ), New Delhi so as to reach KVS (HQ) latest by 11.04.2019.

All applications in original duly completed in all respects with respect to a regional office/ZIET will be forwarded to KVS (HQ) by Post in <u>a single lot</u> so as to reach KVS (HQ), New Delhi latest by 11.04.2019. A check-list, certifying that applications in respect of all Assistant Commissioners/Vice-Principals/Principals Gd-II/Administrative Officer/Finance Officer/Section Officers under his/her jurisdiction alongwith his/her own application are being forwarded, may be enclosed by the concerned Deputy Commissioner. Beside the above, the data compiled in excel formats (Annexure A to C & E to G - being sent separately by e-mail to KVS ROs) should also be sent to e-mail ID <u>kvs.estt.1@gmail.com</u> latest by 11.04.2019. Annexure-D regarding recommendations for administrative transfers may be sent separately and confidentially to e-mail ID <u>varun.mitra@gov.in</u> by the Deputy Commissioner concerned using his/her own e-mail ID. Further the result of Class X & XII in respect of Deputy Commissioners & Principals for session 2018-19 will be called for separately at appropriate time.

08. <u>LATE OR INCOMPLETE APPLICATION</u>

Applications received late or incomplete applications may not be entertained. Hence, the target date given in preceding para 7 be strictly adhered to and completion of applications may be ensured.

This issues with the approval of the Competent Authority.

Yours faithfully,

(Varun Mitra) Assistant Commissioner (Estt. 1)

Encl: Formats of application form for all categories. –Total 8 pages each.

Copy to:

- 1. Employees concerned, KVS (HQ), New Delhi.
- 2. PS to the Commissioner, KVS for information.
- 3. PS to the Additional Commissioner (Acad/Admn), KVS for information.
- 4. Incharge EDP Cell, KVS(HQ), New Delhi for uploading on KVS(HQ) website.
- 5. Guard file.

(Varun Mitra) Assistant Commissioner (Estt.1)

KENDRIYA VIDYALAYA SANGATHAN

ANNUAL TRANSFER APPLICATION FOR DEPUTY COMMISSIONERS/ DIRECTORS OF REGIONAL OFFICES/ZIETs – 2019-20 PART-A (MANDATORY FOR ALL)

1.	Name: (Sh./S	Smt./Ms./Mis	ss) – Tick whic	chever applicat	ole		
2.	Employee Co	ode as per Ul	BI portal:				
3.	i) Post held		:				
	ii) Date of ap	ppointment in ost (dd/mm/y					
4.	Present place	of posting	:		···		
5.	Date of Birth	(dd/mm/yyy	/y) :	·			
6.	Home Town State/UT (As					17 1 7 11	
7.	Date of joinir RO (dd/mm/y		sent :		.,		
8.	Date of joinir Station (dd/n	ng at the pres nm/yyyy)	ent :				<u> </u>
9.	Is spouse wor If yes, Name in which spou	of the Depar	tment				
	Station where	spouse is w		· 			
10.	Reason for las	st transfer (T	ick whichever ON ADMN GROUIND	applicable and . ON REQUEST	Cross wh	PUBLIC	ot applicable): ANY OTHER
11.	Five choices in o	order of prefe	erence (In case	of mandatory	transfer in	public in	nterest):
	Sl.	Choices o	f Place of Pos	ting (Name of	RO/ZIET	/KVS H	Q)
	2.						
	3. 4.						
	5.			1917			
12.	Details of last 0						
	Sl. Post	Name of K	V/RO/ZIET	Period (. ,	l l	on (s) for
	held			(dd.mm	уууу) То	menti	fer out of the loned
	1.					AX V/IV	.O. ZIL IIIIQ
	2.	7					
	3.						

Note: To be filled in Chronological order. Details of present posting not to be filled in this table.

13. I, S	Sh./Smt	:./Ms./Mis	S	do hereby affir	m that the information given	
he Sl. No	. 1 to	12 of Pa	art-A of the applica	ation is correct. I und	derstand that wrong/suppresse	
momation	i Shan r	enuer me	liable for disciplinary	y action.		
Place:			·			
Date:					•	
					(Signature of the applican	
				Name	÷	
				Desig.	nation	
				KVS	RO/ZIET	
	(To be	filled un l	hv KVS (HO) New	Delhi in case of Deputy	(Commission on)	
	(10 00	inted up	y KVB (HQ), New	Demi in case of Deputy	Commissioner	
oard Resu	alt of p	present K	VS RO under the	present Deputy Comm	issioner (Write N/A if not	
pplicable)	:-			-	`	
Academic	mic Pass %age		Quality of result		Remarks, if any	
Year	Sec.	Sr. Sec.	Secondary level	Sr. Sec. level		
	level	level	(%age of examinees with 8.0 or more CGPA/75% or more aggregate	(%age of examinees with 75% or more aggregate marks)		
2014-15			marks)			
2015-16						
2016-17						
017-18						
				ffice use)		
rike off wl	hicheve	r is not ap	plicable*			
C4:6-	عالما	4 43 T.	1 1.			
. Certifie pending		t *No pplated a	disciplinary case gainst Sh./Smt./Ms		lated/Disciplinary case is (in case	
			brief of case may be		(in case	
			······································			
		- · · · · · · · · · · · · · · · · · · ·			_	
. Certifie	d that tl	he details t	furnished by the appl	licant have been verified	from his/her service records	
and are			sent/absent without	ner during	(marind) II-/Cl- !- *-4!!	
away/pr	esently	not away	from duties.	pay during	(period). He/She is *still	
J 1						
					(Signature)	

(Signature) Assistant Commissioenr (Estt.-I) KVS (HQ), New Delhi

PART-B (TO BE FILLED ONLY FOR REQUEST TRANSFER)

l. N	Name: (Sh./Smt./Ms./Miss) - Tick wh	ichever a	applic	able							
2.	Employee Code as per UBI portal	:									
3.											
	ii) Date of appointment:										
	in the present post									•	
ļ.	Present place of posting :										
5.	Date of Birth (dd/mm/yyyy) :										
_	Data afficients in the constant										
5.	Date of joining in the present RO/ZIET (dd/mm/yyyy) :										
	RO/ZIET (dd/mm/yyyy) :										
7.	Date of joining at the present:										
	Station (dd/mm/yyyy)										
3.	Is spouse working (Yes/No) :										
	Name of the Deptt. in which										
	spouse is working :								·		
	Station where spouse is working:							<u> </u>		···	
).	Have you given the declaration										
•	regarding the employment of spou	se: (Yes	/No)								
0.		`									
. • •	(LTR/ MDG /DFP/Spouse case/Otl	her-Spec	ify)								
1.	. Five choice stations in order of prefer	ence (In	case	of tr	ansfe	ron	own	req	uest)	<u>!</u>	
	Sl. Choice of place	of postin	ng {N	ame	of R	O/Z	ŒŢ	/K\	S(H	Q)}	
	1.										
	2.										,,
	3.										
	4.										
	5.										
2	Completion of Completion	_4.		4 - 4	. •		20	06.0	010	(3 .7	ONT - N
2.	. Completion of 3 years' continuous	stay at p	reser	ıt sta	tion a	as on	30.0	06.2	019 (Yes/	INO)

(Signature of the applicant)

, Sh./Smt/Ms./Miss	
, Sh./Smt/Ms./Miss	
, Sh./Smt/Ms./Miss	
, Sh./Smt/Ms./Miss	
hat the information given in Sl. No. 1 to 13 of Part-B of the application is medical certificate and declaration furnished is/are bonafide (*strike off if not a understand that wrong/suppressed information shall render me liable for disciplinar Place:	
medical certificate and declaration furnished is/are bonafide (*strike off if not a understand that wrong/suppressed information shall render me liable for disciplinary Place:	reby affi
Place:	
Oate: (Signature of the Name Designation KV/KVS RO/ZIET it is certified that the information given in the application form has been verification and is found correct.	
Oate: (Signature of the Name Designation KV/KVS RO/ZIET it is certified that the information given in the application form has been verification and is found correct.	
Name Designation KV/KVS RO/ZIET It is certified that the information given in the application form has been verified and is found correct.	
Designation KV/KVS RO/ZIET It is certified that the information given in the application form has been verified and is found correct.	ne applica
Designation KV/KVS RO/ZIET It is certified that the information given in the application form has been verified and is found correct.	
KV/KVS RO/ZIET It is certified that the information given in the application form has been verified and is found correct.	
t is certified that the information given in the application form has been verificecords and is found correct.	
records and is found correct.	
	ed from
(Signat	ure)
Assistant Commiss	•

KVS (HQ), New Delhi

MEDICAL CERTIFICATE

(TO AVOID DISQUALIFICATION, PLEASE DO NOT USE AB)	BREVIATION, FILL IN
CAPITAL LETTERS ONLY. PLEASE DO NOT ATTACH ANY	
WHERE SPECIFICALLY ASKED FOR)	
Name of Patient:	
Relation of the patient with the employee:(Self/spouse/son/daughter)	
Address of the Doctor	
Contact No(Land Line)(Mobile)	
Date:	
<u>Certificate</u>	
I, Dr with Medica	al Council Registration
No. hereby certify that Shri/Smt./Ms./Miss/Master	
aged	(Name of ails as follows and that
A) IN CASE OF CARCINOMA 1. Name of carcinoma with site affected:	
2. Date when it was detected first:	
3. Brief history-Pathological report with reference No. & dates:	
 4. T.N.M classification (if applicable): 5. Evidences in support of uncontrolled growth 	
6. Evidences in support Metastasis:7. Condition of neighboring or surrounding structures:	
8. Treatment being continued (in brief):	
9. Full name of surgery/surgeries in connection with dates:	
(Signature of the Doctor)	Signature of the applicant

D) IN CASE OF RENAL FAILURE

- 1. Name of disease causing Renal failure:
- 2. Evidences in support of Chronic Irreversible changes:
- 3. Number of Dialysis done with dates:
- 4. Kidneys involved (single/both):
- 5. Any surgery including renal transplantation done (Yes/No):

C) IN CASE OF LOSS OF MUSCLE POWER

- 1. How many extremities are affected?:
- 2. Grading of muscle power at present:
- 3. Grading of muscle power at the onset of disease:
- 4. Duration of loss of muscle power:
- 5. Any recovery after the onset till date:
- 6. Most Direct cause of loss of Muscle Power:

D) IN CASE OF HEART DISEASE

- 1. Name of the surgical procedure undergone. CABG/Angioplasy:
- 2. Date of surgical procedure:
- 3. Name of Doctor-Surgeon:
- 4. Name of Hospital:

E) IN CASE OF THALASSEMIA

- 1. Name of disease (with specification- major or minor):
- 2. Date of first detection:
- 3. Whether blood transfusion required? (Yes/No):
- 4. If so, periodicity of duration of blood transfusion/replacement required by the patient/chelation therapy:
- 5. Blood transfusion done last: (DD/MM/YYYY)

F) IN CASE OF PARKINSON'S DISEASE

- 1. Date of detection of disease:
- 2. Duration of treatment undergone:
- 3. Date & designation of treating Neurologist:
- 4. Whether admitted in hospital & if so, details thereof:
- 5. Progressiveness of the disease- please specify: (To be certified by a neurologist)

G) IN CASE OF MOTOR - NEURON DISEASE

- 1. Date of detection of the disease:
- 2. Duration of treatment undergone:
- 3. Name & designation of the treating neurologist
- 4. Result of EMG test report & MRI:
- 5. Grading of muscle power at present:

(The Doctor is requested to "Cross" the A/B/C/D/E/F/G above whichever is not applicable in the case of the Patient)

(Signature of the Doctor)

(Signature of the applicant)

Place:	
Date :	
	(Signature of the Civil Sur
	Name
	Name of the Deptt.
	Name of the Hospital
	Seal:
Signature and name of the	
KVS employee (applicant):	

DECLARATION FOR WORKING SPOUSE (IN KVS/GOVT. SECTOR)

declare that my spouse at (Name of the station) which is distance of my present station or my choice station/ The spouse is employed in KVS/Govt. sector as spouse). His/Her full office address with name & Defollows: Name and office address (with Pin Code) of the Spou	(Name) is presently en my *present station/within 1 within 100 kms of my choice (designation esignation of immediate superions:
at (Name of the station) which is distance of my present station or my choice station/ The spouse is employed in KVS/Govt. sector as spouse). His/Her full office address with name & Defollows: Name and office address (with Pin Code) of the Spou	my *present station/within 1 /within 100 kms of my choice (designatio esignation of immediate superiors:
distance of my present station or my choice station/ The spouse is employed in KVS/Govt. sector as spouse). His/Her full office address with name & Defollows: Name and office address (with Pin Code) of the Spou	within 100 kms of my choice (designation of immediate superionse:
The spouse is employed in KVS/Govt. sector asspouse). His/Her full office address with name & Defollows: Name and office address (with Pin Code) of the Spou	(designation esignation of immediate superions:
spouse). His/Her full office address with name & Defollows: Name and office address (with Pin Code) of the Spou	esignation of immediate superi
Name and office address (with Pin Code) of the Spou	ise:

Contact(Land Line)	(Mobile)
E-mail ID	·
Name & office address (with Pin Code) of immediate	Superior
Officer of the Spouse:	Superior
Contact(Land Line)	(Mobile)
E-mail ID	
Signature of Employee:	
Name :	

KENDRIYA VIDYALAYA SANGATHAN

ANNUAL TRANSFER APPLICATION FOR ASSISTANT COMMISSIONERS/ ADMINISTRATIVE OFFICERS OF REGIONAL OFFICES- 2019-20 PART-A (MANDATORY FOR ALL)

1.	Name: (Sh./S	mt./Ms./Mis	ss) – Tick which	never applicabl	e		
2.	Employee Co	de as per U	BI portal:				<u></u>
3.	i) Post held		:				
	ii) Date of appresent po	oointment ii st (dd/mm/y					
4.	Present place	of posting	:				
5.	Date of Birth	(dd/mm/yy	yy) :		···		
6.	Home Town State/UT (As		et & records) :				
7.	Date of joining RO (dd/mm/y						
8.	Date of joining Station (dd/r		esent :				<u></u>
9.	Is spouse wor If yes, Name in which spou	of the Depa	ırtment				
	Station where	e spouse is v	working :				
10.	Reason for las		ick whichever a	pplicable and	Cross which	ever not ap	plicable):
•	LIK MDC	Drr	GROUIND	REQUEST	INTEREST		
		1 6	C (7	C data	tuonafon in m	ublic intere	et).
11.			eference (In case				<u></u>
	Sl.	Choice	es of Place of P	osung (Name	OI KO/KVS	<u> </u>	
	2.			 ,			
	3.						
	4.						
12.	5. Details of last	N3 transfers	(on any post in	KVS) if any			
14.			KV/RO/ZIET		l (Dates)	Reason	(s) for
	Sl. Post held	Name of	KV/KO/ZIE1		m.yyyy)		out of the
	·			From	To	mentio	
	1.		, ₀ , , , , , , , , , , , , , , , , , , ,				
	2.						
	3.			f present posting		. 41: 4-1:1-	

Note: To be filled in Chronological order. Details of present posting not to be filled in this table.

13.	I, Sh./Smt./Ms./Miss_	do hereby affirm that the information given
in the	Sl. No. 1 to 12 of Part	A of the application is correct. I understand that wrong/suppressed le for disciplinary action.
Date:		(Signature of the applicant)
		Name
		Designation
		KVS RO
		(To be filled by Regional Office)
1.	contemplated against case is pending /conter	iplinary case is pending or contemplated/Disciplinary case is pending/Sh./Smt./Ms./Miss (If a disciplinary plated, a brief of the case may be mentioned):
	records as available in	Is furnished by the applicant have been verified from his/her service his office and are found correct. absent/absent without pay during (period). He/She is away from duties.
		(Signature) Deputy Commissioner KVS RO
*Strik	ce off whichever is not a	plicable
		(Office Seal)
	<u> </u>	[To be certified by KVS(HQ)]

Certified that the details furnished by the applicant have been verified from the service records and found correct.

> (Signature) Assistant Commissioenr (Estt.-I) KVS (HQ), New Delhi

PART-B (TO BE FILLED ONLY FOR REQUEST TRANSFER)

•	Name: (Sh./Smt./Ms./Miss) – Tick whichever applicable
	Employee Code as per UBI portal :
	i) Post held :
	ii) Date of appointment: in the present post
	Present place of posting :
•	Date of Birth (dd/mm/yyyy) :
	Date of joining in the present RO/ZIET (dd/mm/yyyy) :
•	Date of joining at the present: Station (dd/mm/yyyy)
•	Is spouse working (Yes/No) :
	Station where spouse is working:
•	Have you given the declaration regarding the employment of spouse: (Yes/No)
0.	Ground for seeking transfer: (LTR/ MDG /DFP/Spouse case/Other-Specify)
1.]	Five choice stations in order of preference (in case of transfer on own request):
	Sl. Choices of Place of Posting (Name of RO/KVS HQ)
	1. 2.
	3.
	4. 5.
2. I	Completion of 3 years' continuous stay at present station in NER as on 30.06.20 excluding the period of absence (Yes/No)
Ι	I. Completion of 5 years'continous stay at present station (other than in NER) as 31.03.2019 excluding the period of absence (Yes/No)

I, Sh./Smt./Ms./Miss	do hereby affir
	to 13 of Part-B of the application is correct as
	shed is/are bonafide (*strike off if not applicable)
understand that wrong/suppressed information	tion shall render me liable for disciplinary action.
Place:	
Date:	
	(Signature of the applican
	Name
	Designation
	KVS RO/ZIET
Remarks/Recommendations for transfer (by	y Deputy Commissioner, RO) -
It is certified that the information given i	in the application form has been verified from the
It is certified that the information given i	in the application form has been verified from the (Signature)
It is certified that the information given i	in the application form has been verified from the (Signature) Deputy Commissioner
It is certified that the information given i	in the application form has been verified from the specified from the
It is certified that the information given i	in the application form has been verified from the (Signature) Deputy Commissioner
It is certified that the information given i	in the application form has been verified from the (Signature)
It is certified that the information given i	in the application form has been verified from the (Signature) Deputy Commissioner

Certified that the details furnished bythe applicant have been verified from the service records and found correct.

(Signature)
Assistant Commissioenr (Estt.-I)
KVS(HQ), New Delhi

MEDICAL CERTIFICATE

(TO	AV	DID DISQUALIFICATION,	PLEASE DO NOT USE A	BBREVIATION FILL IN
<u>CAP</u>	<u>ITA</u>	L LETTERS ONLY. PLEA	SE DO NOT ATTACH AN	Y ENCLOSURE EXCEPT
WHE	ERE	SPECIFICALLY ASKED F	OR)	
Name	e of	Patient:		
Relat	ion	of the patient with the employ	yee:	
(Self/	spo	ise/son/daughter)		
Addr	ess (of the Doctor		
Conta	ict N	o(La	and Line)	
		(Mo		
Date:		<u></u>		
			<u>Certificate</u>	
	Y	D.		
		Dr.		ical Council Registration
1NO		hereby certify that S	Shri/Smt./Ms./Miss/Master	TEXTO
agou danah	ter/	Gender	*Who himself/herself is	a KVS employee or *son/
uaugn KVS	emr	vife/husband of Sh./Smt./Ms	digagga/digaggag with the	(Name of
treatm	oni _t ent	loyee) is suffering from the of this disease is not at all	available at this station or	in its similar (*Ct.:i.e. CC
which	eve	is not applicable).	available at this station or	in its vicinity (*Strike off
		is not apprioasies.		
A)	IN	CASE OF CARCINOMA		
ŕ		Name of carcinoma with sit	e affected:	
	2.	Date when it was detected f	irst:	
	3.	Brief history-Pathological re	eport with reference No. & d	ates:
	4.	T.N.M classification (if app	licable):	
	5.	Evidences in support of unc		
	6.	Evidences in support Metas	tasis:	
	7.	Condition of neighboring or	surrounding structures:	
	8. a	Treatment being continued (
	٦.	Full name of surgery/surger	ies in connection with dates:	
				,
	(Si	gnature of the Doctor)		(Signature of the applicant)

C) IN CASE OF RENAL FAILURE

- 1. Name of disease causing Renal failure:
- 2. Evidences in support of Chronic Irreversible changes:
- 3. Number of Dialysis done with dates:
- 4. Kidneys involved (single/both):
- 5. Any surgery including renal transplantation done (Yes/No):

C) IN CASE OF LOSS OF MUSCLE POWER

- 1. How many extremities are affected?:
- 2. Grading of muscle power at present:
- 3. Grading of muscle power at the onset of disease:
- 4. Duration of loss of muscle power:
- 5. Any recovery after the onset till date:
- 6. Most Direct cause of loss of Muscle Power:

D) IN CASE OF HEART DISEASE

- 1. Name of the surgical procedure undergone. CABG/Angioplasy:
- 2. Date of surgical procedure:
- 3. Name of Doctor-Surgeon:
- 4. Name of Hospital:

E) IN CASE OF THALASSEMIA

- 1. Name of disease (with specification- major or minor):
- 2. Date of first detection:
- 3. Whether blood transfusion required? (Yes/No):
- 4. If so, periodicity of duration of blood transfusion/replacement required by the patient/chelation therapy:
- 5. Blood transfusion done last: (DD/MM/YYYY)

F) IN CASE OF PARKINSON'S DISEASE

- 1. Date of detection of disease:
- 2. Duration of treatment undergone:
- 3. Date & designation of treating Neurologist:
- 4. Whether admitted in hospital & if so, details thereof:
- 5. Progressiveness of the disease- please specify: (To be certified by a neurologist)

G) IN CASE OF MOTOR - NEURON DISEASE

- 1. Date of detection of the disease:
- 2. Duration of treatment undergone:
- 3. Name & designation of the treating neurologist:
- 4. Result of EMG test report & MRI:
- 5. Grading of muscle power at present:

(The Doctor is requested to "Cross" the A/B/C/D/E/F/G above whichever is not applicable in the case of the Patient)

(Signature of the Doctor)

(Signature of the applicant)

H)

Place:					
Date :					
			(Si	gnature of th	ie Civil Sur
			Name		
				e Deptt	
			Name of the	ne Hospital _	
			Seal:		
Signature and name	of the				
KVS employee (appl	icant) :		 		
Signature and Name	of the Patient:	:			

DECLARATION FOR WORKING SPOUSE (IN KVS/GOVT. SECTOR)

I,		(Name of employee) sole
declare that my	y spouse	(Name) is presently emp
at	_ (Name of the station) which	h is my *present station/within 100
distance of my p	resent station or my choice sta	ation/within 100 kms of my choice sta
The spouse is em	nployed in KVS/Govt. sector as	s (designation of
spouse). His/Her	full office address with name	& Designation of immediate superior
follows:		
Name and office	address (with Pin Code) of the	Spouse:
Contact	(Land Lina)	() (alaila)
Contact-	(Land Line)	(Modile)
E-mail ID	(Land Line)dress (with Pin Code) of immedouse:	
E-mail ID Name & office add Officer of the Spo	dress (with Pin Code) of immedouse:	diate Superior
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KENDRIYA VIDYALAYA SANGATHAN

ANNUAL TRANSFER APPLICATION FOR PRINCIPAL/ PRINCIPAL G-II/ VICE-PRINCIPAL/ FINANCE OFFICER/SECTION OFFICERS OF KV/KVS RO/ZIET - 2019-20 PART-A (MANDATORY FOR ALL EMPLOYEES)

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				iable for disciplinar	•
Date:					
					(Signature of the applicant)
				Name	
				Design	nation
				KV/KV	VS RO/ZIET
applicable	Result	of present	Kendriya Vidyalay		Principal (Write N/A if not
Academ		s %age	 	of result	Remarks, if any
ic Year	Sec. level	Sr. Sec. level	Secondary level (%age of examinees with 8.0 or more CGPA/ 75% or more aggregate marks)	Sr. Sec. level (%age of examinees with 75% or more aggregate marks)	
2014-15				,	
2015-16					
2016-17					
2017-18 Result for	coccion	2018 10 3	will be called for at	annranriota tima	The state of the s
Nesuit 101	26221017	12010-19	will be called for at	appropriate time.	
pend	ling/ co	ntemplated	isciplinary case is d against Sh./Smt./N	Ms./Miss	ce) nplated/Disciplinary case is (If a e may be mentioned):
serv: 3. He/S	ice reco She wa	rds and are s *on lea	e found correct.	vithout pay during	been verified from his/her g (period).
*Strike of	f which	ever is not	applicable	K	(Signature) Deputy Commissioner VS RO

(Office Seal)

PART-B (TO BE FILLED ONLY FOR REQUEST TRANSFER)

	Name: (Sh./Smt./Ms./Miss) – Tick whichever applicable
	Employee Code as per UBI portal :
	i) Post held :
	ii) Date of appointment : in the present post
	Present place of posting :
	Date of Birth (dd/mm/yyyy):
	Date of joining in the present KV/RO/ZIET (dd/mm/yyyy):
	Date of joining at the present :Station (dd/mm/yyyy)
	Is spouse working (Yes/No) :
	Station where spouse is working:
	Have you given the Declaration regarding the employment of spouse: (Yes/No)
	Ground for seeking transfer: (LTR/ MDG /DFP/Spouse case/Other-Specify)
c st <u>P</u>	ive choice stations in order of preference: Five choice stations in order of preference. Coice is mandatory if applying for request transfer. Choice/choices should be different from presistion. No KV choice should be filled. Station code/s should be strictly as declared by KVS. In case incipals and Vice-Principals choice stations for request transfer should be same as filled in already information in Google Form.
	Sl. Name of Choice Station/s Station Code/s
	1. 2.
	3.
	4.
	5.
	Completion of 3 years' continuous stay in NER/Hard station as on 30.06.2019 exclude period of absence (Yes/No)

(Signature of the applicant)

I, Shri/Sm	nt/Ms./Missdo
affirm tha	t the information given in the column No. 1 to 13 of the Part-E
application	is correct and *medical certificate and declaration furnished is/are l
	ut if not applicable). I understand that wrong/suppressed informati liable for disciplinary action.
Tender IIIe	nable for disciplinary action.
Place:	
Date:	
	(Signature of the ap
	Name
	Designation
	KV/KVS RO/ZIET
	KV/KVS KO/ZJE1
Gr-II)/ Prir	decommendations of Chairman, VMC, (only in case of Principal/ Pacipal (in case of Vice-Principal).
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Gr-II)/ Prir Place: Date: Remarks/R ZIET)	Recommendations of Chairman, VMC, (only in case of Principal/ Pacipal (in case of Vice-Principal). Sig. of Chairman, VMC/ Paccommendations for transfer (by Deputy Commissioner, RO/Deputy Commission

(Office Seal)

MEDICAL CERTIFICATE

CAPITAL L WHERE SPI	ETTERS ONLY. ECIFICALLY ASK	PLEASE DO NOT A	NOT USE ABBREVIATION, FILL IN ATTACH ANY ENCLOSURE EXCEPT
	he patient with the (son/daughter)	employee:	
Address of the	ne Doctor		
Contact No.		(Land Line)	
		Certificate	
Noageddaughter/wife KVS employ treatment of	hereby certify Gender chusband of Sh./S ee) is suffering from	mt./Msom the disease/disea	
· 1.	Date when it was	na with site affected: detected first:	reference No. & dates:
4. 5. 6. 7. 8. 9.	Evidences in supp Evidences in supp Condition of neig Treatment being of	ion (if applicable): port of uncontrolled goort Metastasis: hboring or surroundicontinued (in brief): ery/surgeries in conn	ng structures:
(Sig	nature of the Docto	or)	(Signature of the applicant)

B) <u>IN CASE OF RENAL FAILURE</u>

- 1. Name of disease causing Renal failure:
- 2. Evidences in support of Chronic Irreversible changes:
- 3. Number of Dialysis done with dates:
- 4. Kidneys involved (single/both):
- 5. Any surgery including renal transplantation done (Yes/No):

C) IN CASE OF LOSS OF MUSCLE POWER

- 1. How many extremities are affected?:
- 2. Grading of muscle power at present:
- 3. Grading of muscle power at the onset of disease:
- 4. Duration of loss of muscle power:
- 5. Any recovery after the onset till date:
- 6. Most Direct cause of loss of Muscle Power:

D) <u>IN CASE OF HEART DISEASE</u>

- 1. Name of the surgical procedure undergone. CABG/Angioplasy:
- 2. Date of surgical procedure:
- 3. Name of Doctor-Surgeon:
- 4. Name of Hospital:

E) <u>IN CASE OF THALASSEMIA</u>

- 1. Name of disease (with specification- major or minor):
- 2. Date of first detection:
- 3. Whether blood transfusion required? (Yes/No):
- 4. If so, periodicity of duration of blood transfusion/replacement required by the patient/chelation therapy:
- 5. Blood transfusion done last: (DD/MM/YYYY)

F) IN CASE OF PARKINSON'S DISEASE

- 1. Date of detection of disease:
- 2. Duration of treatment undergone:
- 3. Date & designation of treating Neurologist:
- 4. Whether admitted in hospital & if so, details thereof:
- 5. Progressiveness of the disease- please specify: (To be certified by a neurologist)

G) <u>IN CASE OF MOTOR - NEURON DISEASE</u>

- 1. Date of detection of the disease:
- 2. Duration of treatment undergone:
- 3. Name & designation of the treating neurologist
- 4. Result of EMG test report & MRI:
- 5. Grading of muscle power at present:

(The Doctor is requested to "Cross" the A/B/C/D/E/F/G above whichever is not applicable in the case of the Patient)

(Signature of the Doctor)

(Signature of the applicant)

Place :	
Date :	
	(Signature of the Civil Surg
	Name
	Name of the Deptt.
	Name of the Hospital
	Seal:
Signature and name of the	
_	
Signature and Name of the Patien	nt:

DECLARATION FOR WORKING SPOUSE (IN KVS/GOVT. SECTOR)

1. Fill the information in capital letters.

I,		(Name of employee) sol
	spouse	
	(Name of the station) which is	
	esent station or my choice station/	
_ · ·	ployed in KVS/Govt. sector as	
	full office address with name & De	
follows:		
Name and office a	address (with Pin Code) of the Spou	sę:
	*	
·		
Contact-	(Land Line)	(Mobile)
E-mail ID	(Land Line)	(14100110)
	dress (with Pin Code) of immediate	Superior
Name & office add Officer of the Spo		Superior
Officer of the Spo	use:	·
Officer of the Spo	use:	
Officer of the Spo	use:	
Officer of the Spo	use:	(Mobile)
Officer of the Spo Contact- E-mail ID	use:(Land Line)	(Mobile)
Officer of the Spo Contact- E-mail ID	use:(Land Line)	(Mobile)
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Officer of the Spo Contact- E-mail ID Signature of Empl Name: Designation: Signature of the C	(Land Line) loyee:	(Mobile)
Contact- E-mail ID Signature of Empl Name: Designation: Signature of the C Director, ZIET (A	(Land Line) loyee:	(Mobile)
Officer of the Spo Contact- E-mail ID Signature of Empl Name: Designation: Signature of the C Director, ZIET (A	chairman, VMC/Principal, KV/ Deps the case may be)	(Mobile)