



केन्द्रीय विद्यालय संगठन (मुख्यालय)
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
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F.11048/1-1/2018-KVSHQ(Estt-I) } 3274

Date : 10.05.2018

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 2018-2019- Invitation of Applications-Reg.

Madam/Sir,

It has been decided to invite applications from 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 considering request/administrative transfers during the year 2018-19. 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. INFORMATION TO ALL CONCERNED

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 under receipt.

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 EXTRANEIOUS 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. SIGNING/ENDORSEMENT/VERIFICATION/COUNTERSIGNING

- 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 Kendriya Vidyalaya 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. SUBMISSION OF APPLICATION

- 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 17.05.2018. The Deputy Commissioner 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 20.05.2018 (for Principal within 3 days of declaration of Class XII and X results, by the CBSE)
- II. By Assistant Commissioners/Administrative Officers /Finance Officers/Section Officers of ROs/ZIETs
Two copies each of the applications should be endorsed by Deputy Commissioner/Director ZIET. The Deputy Commissioner/Director, ZIET, 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 20.05.2018.

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

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 20.05.2018.

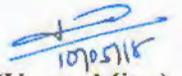
All applications in original (except that of Principals) duly completed in all respects with respect to a regional office/ZIET will be forwarded to KVS (HQ) by Post in a single lot so as to reach KVS (HQ), New Delhi latest by 20.05.2018. A check-list, certifying that applications in respect of all Assistant 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 kvs.estt.1@gmail.com latest by 20.05.2018. Annexure-D regarding recommendations for administrative transfers may be sent separately and confidentially to e-mail ID varun.mitra@gov.in by the Deputy Commissioner concerned using his/her own e-mail ID.

08. LATE OR INCOMPLETE APPLICATION

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. Guard file.


(Varun Mitra)
Assistant Commissioner (Estt.1)

13. I, Sh./Smt./Ms./Miss _____ do hereby affirm that the information given in the column No. 1 to 12 of the part A of the application is correct. I understand that wrong/suppressed information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KV/KVS RO/ZIET _____

(To be filled up by the Regional Office in case of Principal Gd-I only)

Board (s) Result of present Kendriya Vidyalaya under the present Principal (Write N/A if not applicable) :-

Academic Year	Pass %age		Quality of result		Remarks, if any
	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)	
2013-14					
2014-15					
2015-16					
2016-17					
2017-18					

(To be filled by Regional Office)

1. Certified that *No disciplinary case is pending or contemplated/Disciplinary case is pending/ contemplated against Sh./Smt./Ms./Miss _____ (If a disciplinary case is pending /contemplated, a brief of the case may be mentioned):

2. Certified that the details furnished by the applicant have been verified from his/her service records and are found correct.

3. He/She was *on leave/absent/absent without pay during _____ (period). He/She is *still away/presently not away from duties.

(Signature)

Deputy Commissioner

KVS RO _____

*Strike off whichever is not applicable

(Office Seal)

13. Narrate the compelling ground for seeking the transfer (in approx. 50 words):

14. I, Shri/Smt/Ms./Miss _____ do hereby affirm that the information given in the column No. 1 to 13 of the Part-B of the application is correct and *medical certificate and declaration furnished is/are bonafide (*strike out if not applicable). I understand that wrong/suppressed information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KV/KVS RO/ZIET _____

15. Remarks/Recommendations of Chairman, VMC, (only in case of Principal/ Principal Gr-II)/ Principal (in case of Vice-Principal).

Place: _____

Date: _____

Sig. of Chairman, VMC/ Principal

16. Remarks/Recommendations for transfer (by Deputy Commissioner, RO/Director, ZIET)

- _____

17. It is certified that the information given in the application form has been verified from the records and is found correct.

(Signature)

Deputy. Commissioner/Director
KVS (RO)/ ZIET _____

(Office Seal)

MEDICAL CERTIFICATE

(TO AVOID DISQUALIFICATION, PLEASE DO NOT USE ABBREVIATION, FILL IN CAPITAL LETTERS ONLY. PLEASE DO NOT ATTACH ANY ENCLOSURE EXCEPT 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: _____

Certificate

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms./Miss/Master _____ aged _____ Gender _____ *who himself/herself is a KVS employee or *son/daughter/wife/husband of Sh./Smt./Ms. _____ (Name of KVS employee) is suffering from the disease/diseases with the details as follows and that treatment of this disease is not at all available at this station or in its vicinity (*Strike off whichever is not applicable).

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)

B) 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/Angioplasty:
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) Any other disease with more than 50% mental disability duly examined by and recommended by the Regional Medical Board with latest records/reports (within last three months):

Place : _____

Date : _____

(Signature of the Civil Surgeon)

Name _____

Name of the Deptt. _____

Name of the Hospital _____

Seal:

Signature and name of the
KVS employee (applicant) : _____

Signature and Name of the Patient: _____

(If the certifying doctor is below the rank of Civil Surgeon or equivalent the certificate should be countersigned by a doctor of the rank of Civil Surgeon or equivalent)

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

1. Fill the information in capital letters.
2. Strike off whichever is not applicable.*

I, _____ (Name of employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of the station) which is my *present station/within 100 kms distance of my present station or my choice station/within 100 kms of my choice station. The spouse is employed in KVS/Govt. sector as _____ (designation of the spouse). His/Her full office address with name & Designation of immediate superior is as follows:

1. Name and office address (with Pin Code) of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

2. Name & office address (with Pin Code) of immediate Superior Officer of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

3. Signature of Employee: _____

Name : _____

Designation : _____

4. Signature of the Chairman, VMC/Principal, KV/ Deputy Commissioner, KVS RO/ Director, ZIET (As the case may be)

Name : _____

Designation : _____

Office Seal

KENDRIYA VIDYALAYA SANGATHAN
ANNUAL TRANSFER APPLICATION FOR ASSISTANT COMMISSIONERS/ ADMINISTRATIVE
OFFICERS OF REGIONAL OFFICES- 2018-19
PART-A (MANDATORY FOR ALL)

2. Name: (Sh./Smt./Ms./Miss) – Tick whichever applicable

<input type="checkbox"/>																			
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2. Employee Code as per UBI portal : _____
3. i) Post held : _____
ii) Date of appointment in the present post (dd/mm/yyyy) : _____
4. Present place of posting : _____
5. Date of Birth (dd/mm/yyyy) : _____
6. Home Town with District & State/UT (As per service records) : _____
7. Date of joining in the present RO (dd/mm/yyyy) : _____
8. Date of joining at the present Station (dd/mm/yyyy) : _____
9. Is spouse working (Yes/No) : _____
If yes, Name of the Department in which spouse is working : _____
Station where spouse is working : _____

10. Reason for last transfer (Tick whichever applicable and Cross whichever not applicable):

LTR	MDG	DFP	ON ADMN. GROUIND	ON REQUEST	IN PUBLIC INTEREST	ANY OTHER
<input type="checkbox"/>						

11. Five choices in order of preference (In case of mandatory transfer in public interest):

Sl.	Choices of Place of Posting (Name of RO/KVS HQ)
1.	
2.	
3.	
4.	
5.	

Details of last 03 transfers (on any post in KVS), if any:

Sl.	Post held	Name of KV/RO/ZIET	Service Period (Dates) (dd.mm.yyyy)		Reason (s) for transfer
			From	To	
1.					
2.					
3.					

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

(Signature of the applicant)

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 information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KVS RO _____

(To be filled by Regional Office)

4. Certified that *No disciplinary case is pending or contemplated/Disciplinary case is pending/ contemplated against Sh./Smt./Ms./Miss _____ (If a disciplinary case is pending /contemplated, a brief of the case may be mentioned):

5. Certified that the details furnished by the applicant have been verified from his/her service records as available in this office and are found correct.

6. He/She was *on leave/absent/absent without pay during _____ (period). He/She is *still away/presently not away from duties.

(Signature)

Deputy Commissioner

KVS RO _____

*Strike off whichever is not applicable

(Office Seal)

[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 Commissionr (Estt.-I)

KVS (HQ), New Delhi

13. Narrate the compelling ground for seeking the transfer (in not more than 50 words):

14. I, Sh./Smt./Ms./Miss _____ do hereby affirm that the information given in Sl. No. 1 to 13 of Part-B of the application is correct and *medical certificate and declaration furnished is/are bonafide (*strike off if not applicable). I understand that wrong/suppressed information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KVS RO/ZIET _____

15. Remarks/Recommendations for transfer (by Deputy Commissioner, RO) -

16. It is certified that the information given in the application form has been verified from the records and is found correct.

(Signature)

Deputy Commissioner

KVS (RO) _____

(Office Seal)

(For office use in KVS(HQ))

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

(Signature)

Assistant Commissioner (Estt.-I)

KVS(HQ), New Delhi

MEDICAL CERTIFICATE

(TO AVOID DISQUALIFICATION, PLEASE DO NOT USE ABBREVIATION, FILL IN CAPITAL LETTERS ONLY. PLEASE DO NOT ATTACH ANY ENCLOSURE EXCEPT 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: _____

Certificate

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms./Miss/Master _____ aged _____ Gender _____ *who himself/herself is a KVS employee or *son/daughter/wife/husband of Sh./Smt./Ms. _____ (Name of KVS employee) is suffering from the disease/diseases with the details as follows and that treatment of this disease is not at all available at this station or in its vicinity (*Strike off whichever is not applicable).

A) IN CASE OF CARCINOMA

10. Name of carcinoma with site affected:
11. Date when it was detected first:
12. Brief history-Pathological report with reference No. & dates:

13. T.N.M classification (if applicable):
14. Evidences in support of uncontrolled growth
15. Evidences in support Metastasis:
16. Condition of neighboring or surrounding structures:
17. Treatment being continued (in brief):
18. Full name of surgery/surgeries in connection with dates:

(Signature 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/Angioplasty:
2. Date of surgical procedure:
3. Name of Doctor-Surgeon:
4. Name of Hospital:

E) IN CASE OF THALASSEMIA

5. Name of disease (with specification- major or minor):
6. Date of first detection:
7. Whether blood transfusion required? (Yes/No):
8. 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

6. Date of detection of disease:
7. Duration of treatment undergone:
8. Date & designation of treating Neurologist:
9. Whether admitted in hospital & if so, details thereof:
10. Progressiveness of the disease- please specify:
(To be certified by a neurologist)

G) IN CASE OF MOTOR - NEURON DISEASE

6. Date of detection of the disease:
7. Duration of treatment undergone:
8. Name & designation of the treating neurologist :
9. Result of EMG test report & MRI:
10. 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) Any other disease with more than 50% mental disability duly examined by and recommended by the Regional Medical Board with latest records/reports (within last three months):

Place : _____

Date : _____

(Signature of the Civil Surgeon)

Name _____

Name of the Deptt. _____

Name of the Hospital _____

Seal:

Signature and name of the
KVS employee (applicant) : _____

Signature and Name of the Patient: _____

(If the certifying doctor is below the rank of Civil Surgeon or equivalent the certificate should be countersigned by a doctor of the rank of Civil Surgeon or equivalent)

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

1. Fill the information in capital letters.
2. Strike off whichever is not applicable.*

I, _____ (Name of employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of the station) which is my *present station/within 100 kms distance of my present station or my choice station/within 100 kms of my choice station. The spouse is employed in KVS/Govt. sector as _____ (designation of the spouse). His/Her full office address with name & Designation of immediate superior is as follows:

1. Name and office address (with Pin Code) of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

4. Name & office address (with Pin Code) of immediate Superior Officer of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

3. Signature of Employee: _____

Name : _____

Designation : _____

4. Signature of the Deputy Commissioner, KVS RO

Name : _____

Office Seal

KENDRIYA VIDYALAYA SANGATHAN
ANNUAL TRANSFER APPLICATION FOR DEPUTY COMMISSIONERS/ DIRECTORS
OF REGIONAL OFFICES/ZIETs - 2018-19
PART-A (MANDATORY FOR ALL)

3. Name: (Sh./Smt./Ms./Miss) – Tick whichever applicable

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Employee Code as per UBI portal : _____

3. i) Post held : _____

ii) Date of appointment in the present post (dd/mm/yyyy) : _____

4. Present place of posting : _____

5. Date of Birth (dd/mm/yyyy) : _____

6. Home Town with District & State/UT (As per service records) : _____

7. Date of joining in the present RO (dd/mm/yyyy) : _____

8. Date of joining at the present Station (dd/mm/yyyy) : _____

9. Is spouse working (Yes/No) : _____
 If yes, Name of the Department in which spouse is working : _____
 Station where spouse is working : _____

10. Reason for last transfer (Tick whichever applicable and Cross whichever not applicable):

LTR	MDG	DFP	ON ADMN. GROUIND	ON REQUEST	IN PUBLIC INTEREST	ANY OTHER

11. Five choices in order of preference (In case of mandatory transfer in public interest):

Sl.	Choices of Place of Posting (Name of RO/ZIET/KVS HQ)
1.	
2.	
3.	
4.	
5.	

Details of last 03 transfers (on any post in KVS), if any.

Sl.	Post held	Name of KV/RO/ZIET	Service Period (Dates) (dd.mm.yyyy)		Reason (s) for transfer
			From	To	
1.					
2.					
3.					

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

(Signature of the applicant)

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 information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KVS RO/ZIET _____

(To be filled up by KVS (HQ), New Delhi in case of Deputy Commissioner)

Board Result of present KVS RO under the present Deputy Commissioner (Write N/A if not applicable)

:-

Academic Year	Pass %age		Quality of result		Remarks, if any
	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)	
2013-14					
2014-15					
2015-16					
2016-17					
2017-18					

(For office use)

Strike off whichever is not applicable*

7. Certified that *No disciplinary case is pending/contemplated/Disciplinary case is pending/contemplated against Sh./Smt./Ms./Miss _____ (in case pending /contemplated a brief of case may be mentioned):

8. Certified that the details furnished by the applicant have been verified from his/her service records and are found correct.

9. He/She was *on leave/absent/absent without pay during _____ (period). He/She is *still away/presently not away from duties.

(Signature)

Assistant Commissionr (Estt.-I)

KVS (HQ), New Delhi

13. Narrate the compelling ground for seeking the transfer (in approx. 50 words):

14. I, Sh./Smt/Ms./Miss _____ do hereby affirm that the information given in Sl. No. 1 to 13 of Part-B of the application is correct and *medical certificate and declaration furnished is/are bonafide (*strike off if not applicable). I understand that wrong/suppressed information shall render me liable for disciplinary action.

Place: _____

Date: _____

(Signature of the applicant)

Name _____

Designation _____

KV/KVS RO/ZIET _____

16. It is certified that the information given in the application form has been verified from the records and is found correct.

(Signature)

Assistant Commissioner (Estt.I)
KVS (HQ), New Delhi

MEDICAL CERTIFICATE

(TO AVOID DISQUALIFICATION, PLEASE DO NOT USE ABBREVIATION, FILL IN CAPITAL LETTERS ONLY. PLEASE DO NOT ATTACH ANY ENCLOSURE EXCEPT 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: _____

Certificate

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms./Miss/Master _____ aged _____ Gender _____ *who himself/herself is a KVS employee or *son/daughter/wife/husband of Sh./Smt./Ms. _____ (Name of KVS employee) is suffering from the disease/diseases with the details as follows and that treatment of this disease is not at all available at this station or in its vicinity (*Strike off whichever is not applicable).

A) IN CASE OF CARCINOMA

19. Name of carcinoma with site affected:
20. Date when it was detected first:
21. Brief history-Pathological report with reference No. & dates:

22. T.N.M classification (if applicable):
23. Evidences in support of uncontrolled growth
24. Evidences in support Metastasis:
25. Condition of neighboring or surrounding structures:
26. Treatment being continued (in brief):
27. 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/Angioplasty:
2. Date of surgical procedure:
3. Name of Doctor-Surgeon:
4. Name of Hospital:

E) IN CASE OF THALASSEMIA

9. Name of disease (with specification- major or minor):
10. Date of first detection:
11. Whether blood transfusion required? (Yes/No):
12. 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

11. Date of detection of disease:
12. Duration of treatment undergone:
13. Date & designation of treating Neurologist:
14. Whether admitted in hospital & if so, details thereof:
15. Progressiveness of the disease- please specify:
(To be certified by a neurologist)

G) IN CASE OF MOTOR - NEURON DISEASE

11. Date of detection of the disease:
12. Duration of treatment undergone:
13. Name & designation of the treating neurologist :
14. Result of EMG test report & MRI:
15. 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) Any other disease with more than 50% mental disability duly examined by and recommended by the Regional Medical Board with latest records/reports (within last three months):

Place : _____

Date : _____

(Signature of the Civil Surgeon)

Name _____

Name of the Deptt. _____

Name of the Hospital _____

Seal:

Signature and name of the
KVS employee (applicant) : _____

Signature and Name of the Patient: _____

(If the certifying doctor is below the rank of Civil Surgeon or equivalent the certificate should be countersigned by a doctor of the rank of Civil Surgeon or equivalent)

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

1. Fill the information in capital letters.
2. Strike off whichever is not applicable.*

I, _____ (Name of employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of the station) which is my *present station/within 100 kms distance of my present station or my choice station/within 100 kms of my choice station. The spouse is employed in KVS/Govt. sector as _____ (designation of the spouse). His/Her full office address with name & Designation of immediate superior is as follows:

1. Name and office address (with Pin Code) of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

6. Name & office address (with Pin Code) of immediate Superior Officer of the Spouse:

Contact- _____ (Land Line) _____ (Mobile)
E-mail ID _____

3. Signature of Employee: _____

Name : _____

Designation : _____