



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
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F.11048/1-1/2016-KVSHQ(Estt-I)

Date : 13.05.2016

The Deputy Commissioner/Director
All Regional Offices/ZIETs
& Principal,
All Kendriya Vidyalayas

**Sub: Annual Request Transfer in respect of Principals/Principals Grade-II/
Vice Principals of Kendriya Vidyalayas and Section Officers/ Finance
Officers/Admn. Officers/Asstt. Education Officer/Asstt. Commissioners/
Deputy Commissioners/Directors of Regional Offices/ ZIETs/KVS (HQ)
for the year 2016-2017- 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/Asstt. Education Officers/ Asstt. Commissioners /Deputy Commissioners/Directors of Regional Offices/ZIETs/KVS (HQ) for considering request/ administrative transfers during the year 2016-17. The competent authority has also decided to call for the five choice stations to consider their transfers in the event of transfer in public interest/on their 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

There have been general complaints that the instructions/ application form are not made available to the applicants. It is made clear that the 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 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 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. If such an influence from whichever 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 certificates in support of medical ground and declaration regarding employment of spouse are part of the application. They should be obtained on the body of the form itself to avoid detachment. Application along with 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 personally regarding correctness of the entries made by the applicant. It has been observed in past that the details furnished by the applicants are not subjected to proper verification before endorsing the application. Any wrong information filled by the applicants 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 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

Principals/Principals Grade-II/Vice Principals may submit their applications in quadruplicate. One copy of the application may be returned to the applicant as token of acknowledgment. Three copies each of applications should be endorsed by the Chairman, VMC (in respect of Principals/ Principals Grade-II)/Principal (respect of Vice Principals). 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 25.05.2015. The Deputy Commissioner after due verification/ endorsement/recommendations on both copies may retain one copy in Regional Office and send one copy to Assistant Commissioner (Estt.I), KVS (HQ), New Delhi so as to reach KVS (HQ) latest by **06.06.2016**.

II. By Finance Officers/Section Officers of ROs/ZIETs

Finance Officers/Section Officers of Regional Offices/ZIETs may submit their applications in triplicate. One copy of the application may be returned to the applicant as token of acknowledgment. The Deputy Commissioner after due verification/ endorsement/recommendations on both copies may retain one copy in Regional Office and send one copy to Assistant Commissioner (Estt.I), KVS (HQ), New Delhi so as to reach KVS (HQ) latest by **06.06.2016**.

III. By Dy. Commissioners/Directors/Asstt. Commissioners/Admn. Officers of ROs/ZIETs/KVS (HQ)/Asstt. Education Officers/Section Officers of KVS (HQ)

The detailed instructions and format of application forms are being sent/circulated separately.

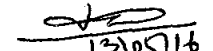
All applications duly completed in all respect (in required number of copies in original) with respect to a regional office/ZIET will be forwarded to KVS (HQ) by Post in **a single lot** so as to reach KVS (HQ), New Delhi latest by **06.06.2016**.

08 LATE APPLICATIONS

Applications received late (or incomplete applications) will not be entertained. As such the target date given in para 07 above be strictly adhered to.

This issues with approval of Competent authority.

Yours faithfully,


13/05/16
(Varun Mitra)

Asstt. Commissioner (Estt. 1)

Encl: Format of application form for all categories except Dy. Commissioners/ Directors/Asstt. Commissioners/Admn. Officers of ROs/ZIETs/KVS (HQ)/Asstt. Education Officer/Section Officers of KVS (HQ)-Total 8 pages

Copy to:

1. All Branch Officers, Kendriya Vidyalaya Sangathan (HQ), with the request to circulate among Sections Officers under them.
2. Joint Commissioner (Trg.) and Joint Commissioner (Acad.) for circulation to Deputy Commissioner (Acad.), Assistant Commissioner (Acad.), Assistant Education Officers working under him/her.
3. Assistant Commissioner (Vig.) and EA to Commissioner for information.
4. Assistant Commissioner (Estt-II/III) for information.

/
Asstt. Commissioner (Estt.1)

12. I, Shri/Smt/Kum. _____ do hereby affirm that the information given in the column No. 1 to 11 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 applicant)

Name _____

Designation _____

KV/KVS RO/ZIET _____

(To be filled up by the Regional Office in case of Principal)

Board(s) Result of Kendriya Vidyalaya(s) in which the applicant has served or is serving in the capacity of Principal:-

Academic Year	Pass %age		Percentage of examinees with 75% or more marks		Remarks, if any
	Sec. level	Sr. Sec. level	Secondary level	Sr. Sec. level	
2011-2012					
2012-2013					
2013-2014					
2014-2015					
2015-2016					

(For office use in Regional Office)

Strike out whichever is not applicable*

1. Certified that *No disciplinary case is pending/contemplated/Disciplinary case is pending/contemplated against Shri/Smt./Km. _____ (in case pending/ contemplated a brief details may be mentioned):

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

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

(Signature)

Deputy Commissioner/Director
KVS (RO)/ZIET _____

(Office Seal)

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

1. Name (Sh./Smt./Kum.):

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

2. i) Post held : _____

ii) Date of appointment : _____
in present post.

3. Present place of posting : _____

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

5. Date of joining in present
KV/RO/ZIET(dd/mm/yyyy): _____

6. Date of joining in present : _____
Station (dd/mm/yyyy)

7. Name of the Deptt. where spouse is working: _____

Station where spouse is working: _____

8. Have you given the Declaration
regarding the employment of spouse (Yes/No) _____

9. Ground for seeking transfer :
(LTR/MDG/DFP/Spouse case/Other) _____

10. Five choice stations in order of preference

Sl. No.	Choice Stations (Name of the station to be written)	KVS Region under which choice station falls
1.		
2.		
3.		
4.		
5.		

11. I. Completion of 3 years continuous stay in NER/hard station and 2 years in very hard station as on 30.6.2016 excluding the period of absence (Yes/NO)

II. Completion of 5 years elsewhere (other than NER/Hard station/Very hard station) as on 31.03.2016 excluding the period of absence (Yes/No)

(Signature of the applicant)

12. Narrate the compelling Ground for seeking the transfer (in approx 50 words):

13. I, Shri/Smt/Kum. _____ do hereby affirm that the information given in the column No. 1 to 12 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 applicant)

Name _____

Designation _____

KV/KVS RO/ZIET _____

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

Place: _____

Date: _____

Sign. of Chairman, VMC/ Principal

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

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/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

Date: _____

Certificate

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Miss/Master _____ aged _____ Sex _____ *who himself/herself is a KVS employee or *son/daughter/wife/husband of Shri/Smt. _____ (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 its vicinity (*Strike out 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 blood transfusion/replacement required by the patient/chelation therapy:
5. Last date of Blood transfusion : _____ (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 it 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 out 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 of the Spouse:

2. Name & office address of immediate Superior Officer of the spouse:

3. Signature of Employee: _____

Name: _____

Designation: _____

4. Signature of the Chairman/ Principal/Deputy Commissioner/Director

Name: _____

Designation: _____