

केन्द्रीय विद्यालय संगठन (मु0)
18 संस्थागत क्षेत्र, शहीद जीत सिंह मार्ग,
नई दिल्ली - 110016

KENDRIYA VIDYALAYA SANGATHAN (HQ)
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F.11048/1-1/2015-KVSHQ(Estt-I)

Dated : 14.01.2015

**The Principal,
All Kendriya Vidyalayas**

Sub: Annual Request Transfer in respect of Principal/Principal Grade-II/ Vice Principal of Kendriya Vidyalayas and Section Officers/Admn. Officers/Finance Officers/Asstt. Commissioners of Regional Offices for the year 2015-2016- Application regarding.

Madam/Sir,

It has been decided to invite applications from Principals, Principals Grade-II/Vice Principals/Section Officers of Kendriya Vidyalayas and Section Officers (both KVs & ROs)/ Finance Officers/ Admn. Officers/Asstt. Commissioners /Deputy Commissioners for considering request transfers during the year 2015-16. The competent authority has decided to call for the five choice stations to consider their transfers in the event of getting transferred in public interest and also for considering their transfers on request. To facilitate this, all rank of employees, as stated above, needs 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 PUBLICITY

There have been general complaints that the instructions accompanying 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 without mistake. Therefore, three copies of this letter along with the application form and instructions be prepared by photocopying. One copy is meant for official use, another for library for reference of prospective applicants and the rest for display on the Vidyalaya Notice Board/Vidyalaya website/Regional office website.

03 HOW TO APPLY

All employees desirous of seeking transfer are permitted to prefer only one application (in quadruplicate) in the enclosed format after carefully going through the instructions as enclosed. Overwriting should be avoided. Each column of the application form should be filled properly.

04 SAFEGUARD AGAINST EXTRANEOUS 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 employee. The request of such an employee shall not be considered. Action may also be initiated against such an employee under relevant service rules. In this context attention of all concerned is also drawn to the provision of Article 59 (27) of Education Code and Rule 20 of CCS (Conduct) Rules .

05 FORMAT AND ENCLOSURES

The application, when produced must conform to the given format both in form and content. No enclosures are allowed with the application. Medical certificate in support of request on medical grounds 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 enclosed properly by numbering the page with signature of the concerned employee. It should be tagged in as a one application.

06 ENDORSEMENT

- I) The application and declaration wherever necessary must be signed by the employee himself/herself. Application endorsed by spouse, parents etc. for and on behalf of the employee is not acceptable and should not be forwarded. Medical Certificate must bear the signature of the Civil Surgeon/Chief Medical Officer or equivalent.

- II) The forwarding note must be endorsed by the Deputy Commissioner of the region concerned after satisfying himself/herself personally regarding correctness of the entries made by the applicant. It has been observed that the details furnished by the applicants are not subjected to proper verification before endorsing the forwarding note. Any wrong information filled by the applicants and duly countersigned by the Principal/ Deputy Commissioner will attract disciplinary action against the individual as well as the counter signing authority. This may be taken with utmost seriousness. Therefore, Principal of the Kendriya Vidyalaya concerned and Deputy Commissioner of Regional Office concerned is requested to ensure correctness of the entries, so that wrong information does not find place in the application form.

07 SUBMISSION OF APPLICATION

Application may be prepared in quadruplicate and submitted to the office of the Vidyalaya by 30.01.2015. Applications in respect of Principal/Principal Grade-II should be endorsed by the Chairman, VMC and in case of Vice-Principals/Section Officers of the Vidyalayas, it is to be endorsed by the Principal concerned after due verification. The applications of other officials are to be verified by the Deputy Commissioner concerned. He/She is responsible for the correctness of the entries filled in the application. One copy of the application in respect of Principal/PG-II/Vice-Principal/Section Officer posted in KV may be retained in the Vidyalaya office, one copy should be returned to the concerned individual and the remaining two copies sent promptly to Deputy Commissioner concerned to reach in his/her office not later than 16.02.2015.

08 **LATE APPLICATION**

Application received late or is incomplete will not be considered. As such the target date given in para 7 above be strictly adhered to.

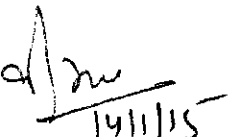
Yours faithfully,


14/1/15

Asstt. Commissioner (Vig. & Estt.)

Copy to:

- 1 **The Deputy Commissioner, Kendriya Vidyalaya Sangathan, All Regional Offices for information and necessary action.**
- 2 **Director ZIETs, KVS Mumbai/Mysore/Gwalior/Chandigarh/ Bhubneshwar – for information & necessary action.**
- 3 **All Branch Officers, Kendriya Vidyalaya Sangathan (HQ), with the request to circulate among Sections Officers under them.**
- 4 **PS to Commissioner, KVS**
- 5 **PS to Additional Commissioner (Admn.) / (Acad.), KVS HQ.**


14/1/15

Asstt. Commissioner (Admn.) (Estt.1)

I, Shri/Smt/Kum. _____ do hereby affirm that the information given in the column No. 1 to 10 of the application are correct. I understand that wrong suppressed information shall render me liable for disciplinary action.

Place:

Date:

Signature _____

Name _____

Designation _____

(To be filled up by the Regional Office in case of Principal/PG-II)

Board(s) Result of Kendriya Vidyalaya(s) in which he has served or serving in the capacity of Principal/Principal Grade-II/.

| Academic Year | Pass Percentage | | Pass percentage of examinees with 75% or more marks | |
|---------------|-----------------|----------------|---|----------------|
| | Secondary level | Sr. Sec. level | Secondary level | Sr. Sec. level |
| 2009-2010 | | | | |
| 2010-2011 | | | | |
| 2011-2012 | | | | |
| 2012-2013 | | | | |
| 2013-2014 | | | | |

(For office use in Regional Office)

(* Strike out whichever is not applicable)

- 1 *Disciplinary case is pending/contemplated/not pending 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 *He/she was on leave/absent/absent without pay during _____ (period) and is still away/not away from duties.

Deputy Commissioner
KVS (RO) _____
Office Seal

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

Shri/Smt/Kum. _____ **do hereby affirm that the information given in the column No. 1 to 12 of the application is correct and medical certificate and declaration furnished is/are bonafide. I understand that wrong suppressed information shall render me liable for disciplinary action.**

Place:

Date:

Signature _____

Name _____

Designation _____

11. **Remarks/Recommendations of Chairman, VMC/Principal (in case of Vice-Principal.**

Date: _____

Sig. of Chairman.VMC

Place: _____

12. **Remarks/Recommendations for transfer.**

Date: _____

Place: _____

KVS (RO)

Sig. of Deputy. Commissioner

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

Sig. of Deputy. Commissioner, KVS (RO)

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: _____

Date: _____

I, Dr. _____ with Medical Council Registration No. _____ here-by certify that Shri/Smt./Ms. _____ aged _____ Sex _____ 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.

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:

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 Single or both kidneys are involved:
- 5 Any surgery including renal transplantation done or not:

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? Y/N
- 4 If so, periodicity of duration of blood transfusion/replacement
Required by the patient/chelation therapy.
- 5 Blood transfusion done last: DD/NN/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.

- 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 three months).

(Signature of the Civil Surgeon)

Name: _____

Name of the Deptt. _____

Name of the Hospital _____

Seal:

Place _____

Date _____

Signature of the employee

Name & Signature of the Patient

Relation with the employee (Self/spouse/daughter/son) :

(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

(Kindly fill the information in capital letters, strike out which ever 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/choice station (s) or within 100 kms distance. 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.

**Name and office
Address of spouse.**

**Name & address of immediate
Superior Officer**

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.....

Signature of the Principal/Chairman

Signature of Employee

Name

Name

Designation.....

Designation.....