Application Form No.						

For Regional Office use only

KVS TRANSFER APPLICATION FORM (2015) FOR TEACHERS UPTO PGT AND OTHERS UPTO ASSISTANT

PART A : PERSONAL DETAILS (Mandatory for all the employees)

1	Name of Employee Without Mr./Ms.etc.	
2	Post Code **(PRT (Music) teacher must fill for subject code as MUST)** / Subject Code / Employee * Code	
3	Present Station Code / Present KV Code / Shift 1/2	
4	Date of joining in KVS in present post (dd/mm/yyyy)	D D M M Y Y Y Y
5	Date of joining in present station in present post (dd/mm/yyyy)	
6	Date of joining in present KV in present post (dd/mm/yyyy)	
7	Date of continuous posting in Hard/Very Hard/NE Station for cases of combined stay in conjunction with present posting also in Hard/Very Hard/NE Stations in present post only. (dd/mm/yyyy) See Instruction No.7.	
8	Date of Birth (dd/mm/yyyy) / Sex(M/F)	

9 Details of last three transfers in the present post in ascending order **(Please also indicate Ground Code in Numerical against each transfer)**

S. No	KV Code from where transferred	Period From( ) dd/mm/yyyy	Period To( ) dd/mm/yyyy	Ground Code(Numerical) for transfer	Name of Home Town/District/State: HT	DISTT.	STATE
1							
2							
3							

Ground Code(Numerical) for transfer: Request –LTR/MDG/DFP/PCE-1, Request - Spouse Ground – 2, Surplus-3, Displacement- 4, Admn ground under para7(e)-5, Admn ground under 40 years of age-6, Direct Recruitment -7, Promotion-8, Any other grounds-9.

10 **Employees are eligible to apply either for INTRA STATION (Column 10A) 0R INTER STATION (Column 10B). Applications filled in for both at Sl. No. 10A and 10B will be summarily rejected.**

10A Indicate code numbers of maximum five choice KVs of present station of posting in order of preference (four digit code) **(Applicable for Intra Station Only)**
An employee shall not apply for KVs and station both.

KV CODE	NAME OF KV

OR

10B Indicate code numbers of maximum five choice stations other than the present station of posting in order of preference (three digit code).
(Applicable for Inter-Station only)
An employee shall not apply for KVs and stations both.
Note : Choices under this column will be used for request transfers.(However these choices may also be used if a displacement transfer is ordered under Para 7 of the Transfer Guidelines)

STATION CODE	NAME OF STATION

11 **In case of a non-teaching staff upto Assistant in KV/ RO/ Head Quarter, whether has completed 5 years at present KV and / or 10 years continuously on the present station in the present post. (Please mention Yes/No in view of column 5 and 6 above)** — **Yes/ NO**

Signature of the employee

Above details from Sl. No- 1 to 9 & 11 verified from Service Records & entries in Col. 10A & 10B i.e. KV Code/ Station code / Name of KV/ Name of station verified.

***Employee Code correctly mentioned & verified.**

Signature of Principal with office stamp

PART B : CALCUALTION OF DISPLACEMENT COUNT

Mandatory for all the employees

11	Calculation of displacement count: Factors Allot points for applicable factors only and write NA for not applicable factors	**Points to be allotted**	Points Actually allotted
1	Stay at a station in the same post as on 31st March, 2015 (30th June, 2015 for Hard/Very Hard/NE Station) in complete years (As per information under Col.5 of Page 1) **Clarification:** • Period of absence on any account shall also be counted for this purpose. • If an employee returns to a station X on request after being transferred from X within three years (two years for hard/very hard/NE station), the stay of such an employee at X shall be no. of years spent at X before being transferred plus no. of years spent after coming at X. However, if an employee returns to station after a period of three years (two years for hard/very hard/NE station) the stay shall be counted afresh.	+ 2 for each completed year	
2	Annual Performance Appraisal Report Grading for the last three years (To be filled at RO level)	+ 2 for each Below Average Grading	
3	Employees below 40 years of age (as on 31st March, 2015) who have completed one tenure at hard/ very hard/ NE stations. (Indicate **Y** for Yes for **COMPLETED** & **N** for No for **NOT COMPLETED**) **(**See instructions at S.No. 11(3)**).**	**Yes/No** **If yes, give details** Station Code of hard/very hard/NER where tenure completed / From (dd/mm/yyyy) / To (dd/mm/yyyy)	
4	LTR/DFP/ MDG Cases (Strike out whichever is not applicable) **Clarification:** • If an employee qualifies for more than one the points shall be limited to a maximum of -50 only.	(-50)	
5	Spouse if a KVS Employee and posted at the same station or within 100 Kms.	(-20)	
6	**Spouse if a Defence Employee and posted at the same station or within 100 Kms.**	**(-18)**	
7	Physically challenged employee	**(-60)**	
8	Spouse if a Govt. Sector Employee & posted at the same station or within 100 Kms.	(-15)	
9	Woman employee not covered under 11(5), (6) & (8) above are eligible for these points	(-6)	
10	Members of recognized associations of KVS staff who are also members of JCM at KVS regional offices and/or KVS headquarters.	(-15)	
11	Award winning employees: National award given by the President of India KVS National Incentive award **Clarification:** If an employee qualifies for both the awards then the maximum concession of -5 marks shall be given	(-5) (-2)	
12	**Whether child of the employee is to appear in class XII Exam in the transfer year i.e. March-2016 and whether the employee is seeking exemption from displacement under para 7(d) of Transfer Guidelines. (If yes mention name of child, School & Board).**	**YES/NO** **Name of Child:-** **Name of School:-** **Name of Board:-**	
	Displacement Count (To be filled at KVS RO level)	**Total of 11(1) to 11(11) except 11(3) & 11(12)**	

Signature of the employee

Above details except 11(2) are verified from Service Records/Other Records and Transfer Guidelines.

Signature of the Principal with office stamp

Points under Col. 11(2) & Total Displacement Counts verified.

Signature of SO/AO/AC/DC of RO

PART C : CALCULATION OF TRANSFER COUNT
For employees desiring a request transfer

12		Calculation of transfer count: Factors Allot points for applicable factors only and write NA for not applicable factors	**Points to be allotted**	Points actually allotted
	1	Active Stay at a station in the present post as on 31st March 2015 (30th June 2015 for Hard/Very Hard/NE Stations). Periods of continuous absence of 30 days or more (45 days or more for hard/ very hard/ NER stations) shall not be counted	+2 for each completed year	
	2	Annual Performance Appraisal Report Grading for the last three years. No point shall be given if report for any of the last three years is not written or available. (To be filled at RO level)	+2 for Outstanding (Over-all 8 to 10) grading for each year	
	3	Award winning employees: National award given by the President of India KVS National Incentive award **Clarification:** If an employee has won both the awards then the maximum concession of +5 marks shall be given	 +5 +2	
	4	Spouse if working in KVS at the requested station or within 100 km	+20	
	5	**Spouse if working in Defence at the requested station or within 100 km**	**+18**	
	6	Spouse if working in government sector at the requested station or within 100 km	+15	
	7	DFP/MDG/LTR Cases If an employee qualifies for more than one the points shall be limited to a maximum of + 50 only. If an employee has secured last transfer on DFP/MDG/LTR ground these points shall not be given in the same post.	+50	
	8	Completion of tenure in hard/NER/very hard stations. Points shall be given when an employee applies for transfer after completing the tenure at hard/ very hard/ NER station(s). The maximum points under the head shall remain +55/+60 only.	+ 55 for hard + 60 for very hard	
	9	Physically challenged employee. Further, if an employee has Already secured a request transfer in previous year(s) on the basis of these additional points the points shall not given again.	**+60**	
	10	Woman employee **Clarification:** Women employees eligible for points under serial no. 4, 5 & 6 herein above shall not be eligible for these points.	+6	
	11	**For employee having a differently abled dependent child as per DOP&T Norms. (Para 11(e) of Transfer Guidelines). In case you don't get transfer as per your choice(s) in part A of the form, would you like your transfer to another class A or B city to facilitate the treatment of your child. If yes, please indicate two such stations.**	**YES/NO**	
			Choice 1 (An A or B class city with its station code.)	**Choice 2 (An A or B class city with its station code.)**
		Transfer Count **(To be filled at KVS RO level)**	**Total of 12 (1) to 12 (10) except 12(11)**	

Note: (i) Whether the employee is willing to apply for request transfer as per choice KVs/Stations filled in Col. 10A/10B of Part A of application form. (Write Yes/No) [ ]

(ii) If yes, then fill-up the relevant columns above PART-C.

(iii) If No, then strike-out the above entire PART-C.

Signature of employee

All entries verified from Records (except 12(2).

Signature of the Principal with office stamp

Entries in Col. 12(2) & Total Transfer Counts verified.

Signature of SO/AO/AC/DC of RO

PART –D : DECLARATIONS AND CERTIFICATES

NOTE : for column 13 & 14, strike out the entire entry if not applicable. If applicable, fill it completely.

13

DECLARATION FOR WORKING SPOUSE

I, _____ (Name of the Employee) solemnly declare that my spouse _____(Name) is presently employed at _____ (Name of station) which is my present station/choice station(s) or within 100 km distance(Strike out whichever is not applicable). The spouse _____(Name) is employed in Kendriya Vidyalaya Sangathan/ government sector (Strike out whichever is not applicable) as _____(Designation of the spouse).

Date

Signature of the Employee

14

MEDICAL CERTIFICATE

(To avoid disqualification, please do NOT use abbreviation. Fill in with CAPITAL LETTERS only. Please do not attach any enclosure except where specifically asked for)

Name of Patient:

Relation of patient with the employee(self/spouse/son/daughter): Address:

Date:

I, Dr. _____with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms_____ aged_____ Sex_____son/ daughter/wife/husband of Shri/Smt _____ (name of KVS teacher/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:

1. **In case of Carcinoma:**
   1. Name of Carcinoma with site effected:
   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 of 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 :**
   2. Name of the disease causing Renal Failure :
   3. Evidences in support of Chronic Irreversible changes :
   4. Number of Dialysis done with dates :
   5. Single or both kidneys are involved :
   6. 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 Diseases :**
   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 Thalassaemia: 1. Name of the disease (with specification-major or minor); 2. Date of first detection; 3. Whether blood transfusion required? Y/N 4. If so, periodicity/ 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 the disease: 2. Duration of treatment undergone; 3. Name and designation of treating neurologist; 4 Whether admitted in hospital and 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 and designation of treating neurologist; 4. Result of the EMG test report and 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 respective Regional Medical Board with latest records/ reports(within three months). **(Signature of Signing Authority)** **Name** **Name of the Deptt.** **Name of Hospital** **Name and signature of patient** **Place** **Date** **Seal** Name of the Patient:_____ Relation with the Employee (Self/ spouse/ son / daughter):_____ **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.**
15	**I hereby undertake that if any external pressure regarding my transfer, including requests/ representations from my spouse/ family members/ relatives, is brought on KVS then my transfer request is liable to be rejected. I also undertake that if my request transfer is allowed by KVS, then I will not request for any cancellation/modification and will join at the new place of posting.** Signature of the Employee **
16	Signature of the Principal
17	Signature of the AO
18	Signature of the Deputy Commissioner.

** The employee should sign as a token of having satisfied himself/ herself on the allotted points and other entries at school level in the application form A to D and also on the undertaking in column 15 above.

Note : The school shall fill up Part A **except column 10A/10B** and Part B if employee is not present or not available otherwise and forward the same to the KVS, RO **leaving blank the Part-C of the application form and without the signature of the employee.**

INSTRUCTION TO FILL UP KVS TRANSFER APPLICATION FORM

The transfer application form contains four parts viz., Part A. Part B, Part C and Part D. Part A, B and D are to be necessarily filled-in in respect of all the employees. Part C however, shall also be filled for such employees who are seeking transfer to choice KV(s) for Intra Station or choice station(s) for Inter Stations. Employees are requested to fill up form with lot of care and seriousness. It is made amply clear to each and every employee that the transfer once effected whether on request or administrative ground shall not be cancelled/ modified or changed in any manner. Code number of choices shall be correctly filled-in against serial number 10 A or 10 B of the transfer application form. An employee who is not seeking transfer to a choice place shall use serial number 10 A or 10 B to indicate choices in case his/her displacement transfer becomes a necessity.

S.No.	ITEM	INSTRUCTION
1	Name of the Employee	In block letters. If the name contains more than 20 alphabets use abbreviated form of the name
2	Post Code, Subject Code & Employee Code	Use correct post and subject code circulated with the policy and also available on KVS website. An employee working as Music Teacher shall write both post code as "PRT" and subject code Music as "MUST"
3	Present station code and present KV Code	Use correct code circulated with the policy and also available on KVS website. Similar type of stations such as Deogarh in Jaipur and Deogarh in Bhubneshwar, Dwarka in Ahmedabad and Dwarka in Delhi, Raipur in Dehradun and Raipur in Raipur should be given special attention.
4	Date of joining in KVS in present post	As explained in the form
5	Date of joining in present Station in present post	As explained in the form
6	Date of joining in present KV in present post	As explained in the form
7	Date of joining in Hard/Very Hard/NE Station	As explained in the form. If an employee is transferred from a Hard/Very Hard/NE Station to another Hard/Very Hard/NE Station in the present post, he/she is requested to fill the date of joining in previous Hard/Very Hard/NE Station for cases of combined stay in Hard/VeryHard/NE Stations.
8	Details of Date of Birth	As explained in the form
9	Details of last three transfers in the present post and name of Home Town	As explained in the form
10A	Code number of choice KVs- 10A of form	Correct KV code number in order of preference is to be given. A maximum of five KV choices can be given, in cases when transfer/ displacement is sought within the KVs of present station of posting.
10B	Code number of choice stations- 10 B of form	Correct station code number in order of preference is to be given. A maximum of five station choices can be given, in cases when transfer/displacement is sought outside the present station of posting.

11	Calculation of Displacement Count	As explained in the form
11(3)	Employee below 40 years of age.	**Employees below 40 years of age (as on 31st March of the year) who have completed one tenure at hard/ very hard/NE stations. (Indicate Y for Yes for COMPLETED & N for No for NOT COMPLETED)** **Employees above 40 years of age as on 31st March of the year may ignore it and leave the column 11(3) blank.**
11(4) & 12 (7)	MDG Cases	Refer Column 14 of Transfer Application Form. "MDG" means an employee seeking transfer on the basis of one or more of the medical conditions listed in Annexure -1, affecting himself/herself, spouse or dependent son/daughter.
12	Calculation of Transfer Count	As explained in the form IF an employee had to change station while working in hard/ very hard/ NER stations only in accordance with the Para 5 (a) of the Transfer Guidelines the total tenure spent in all the stations shall be added and accounted for giving points
13	Declaration for Working Spouse	Certain protection is available to an employee from getting displaced if the employee's spouse is also a KVS /Govt. Sector employee and is posted at the same station or within a distance of 100 Kms. Similarly, certain preference has been given to employees in request transfer if the employee's spouse is working in KVS or any government sector and posted *either* at the choice station or within a distance of 100 km from the choice station(s). The declaration prescribed in the transfer application form serves both the purposes hence it should be properly filled as explained in the form. Request transfer seeking benefits of working spouse should indicate only such choices which are within 100 km of the place where spouse is working. Controlling Authority of an employee must obtain a certificate regarding the employment of the employee's spouse from his/ her employer and keep the same in the personal file of the employee. Any incongruity in the certificate and the declaration furnished in the transfer application form should be appropriately dealt with.
14	Medical Certificate for MDG Ground	If an employee qualifies to be an MDG case, the Medical Certificate should be carefully filled and signed by a civil surgeon or equivalent and competent to issue the relevant certificate or countersigned by civil surgeon or equivalent. The entries be made in block letters and should remain legible. If the Medical Certificate is found to be fraudulent on any subsequent verification the employee concerned shall not be considered for transfer. Besides such an employee shall be liable for disciplinary action.
15	Signature of the employee	The employee 'should satisfy himself/ herself on points given against various factors in Part A, Part B, Part C and Part D and various other entries made at school level. No signature is required if Part-C is not filled.
16	Signature of the Principal with office stamp	The entries should be verified and signed
17	Signature of SO/AO/AC/DC of RO	The entries at the RO level be verified and signed
18	Part B of the transfer Application form - Item of 11(5) & (7)	Same Station shall mean to include places that come in the urban agglomeration or within 100 Kms.
19	Active Stay in the School Part C of the Application Form - Item No.12(1)	Periods of continuous absence of 30 days or more (45 days or more for hard/ very hard/ NER stations) shall not be counted. Maternity leave, training period and vacation shall be excluded.
20	Application of the newly Recruited employees on their initial posting	If the employee cannot seek transfer for certain period as per the appointment order, such an employee shall not be allowed to fill up the Part C of the form during such periods.