



Government of Karnataka

## Health & Family Welfare Department

### APPLICATION FOR SEEKING POSTING / TRANSFER

I request you to provide me an opportunity to select, through counselling, any one of the vacant post notified (vide of the notification number \_\_\_\_\_ dated \_\_\_\_\_, and available at the time of counselling,

1. KGID number of the employee							
2. Name of the Employee							
3. Designation & Qualification (Specialist / Senior Specialist, mention the specialisation)							
4. Date of entry into service				5. Gender : Male / Female			
6. Probationary period declared	YES	No	7. Date of Birth				
8. Address for communication							
PIN code							
Email ID							
Mobile No.							
Residence Tel no.							
<b>9. Current Working Details</b>							
Post Held (with speciality if applicable)	Name of the Institution	Districts	Taluka	City/ Town/ Village	Working in this post since		
<b>10. PAST SERVICE DETAILS (Starting from date of first Regular Appointment)</b>							
Sl. No.	Post Held	Name of the Institution	District	Taluka	City/ Town/ Village	From date	To date
1							
2							
3							
4							
5							
6							

7							
8							
9							
10							
<b>11. Terminally Ill cases of Serious Ailment *</b>			YES	NO			
If YES, enclose the certificate issued by the District Medical board *							
<b>12. Physically Challenged (If more than 40% only)</b>			YES	NO			
If YES, enclose the certificate issued by the District Medical board							
<b>13. Widow</b>			YES	NO			
If YES, enclose the Documentary proof							
<b>14. Is Spouse Government servant</b>							
If YES, A certificate to that effect issued by the Department / Head of office to be enclosed							
<b>15. EMPLOYEE DECLARATION</b>							
I hereby declare that the details provided in this form are true and correct to the best of my knowledge. If false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, Control and Appeal) Rules, 1957.							
Date:			(Signature of Employee)				
<b>16. DECLARATION OF THE HEAD OF OFFICE</b>							
I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct tot the best of my knowledge and belief. I am aware that if false declaration is made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, control and Appeal) Rules, 1957.							
Date:			(Signature of the Head of Office)				
<b>17. DECLARATION BY DHO</b>							
I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct to the best ofmy knowledge and belief, I am aware that if false declaration is made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, control and Appeal) Rules, 1957.							
Date:			(Signature of the DHO) MS   DS				

**\* Explanation under rule 10(1)(a) of the Karnataka State Civil Services (Regulation of Transfer of Medical Officers and Other Staff) Rules, 2011:** Where a Government servant of his / her spouse or children are suffering from terminally ill cases of serious ailments, for which medical treatment is not available at his/her place of work and his/her transfer is necessary to a place where such a treatment is available so as to provide him/her the required medical treatment. However, no such transfer shall be made unless the concerned Government servant produces a certificate issued by the District Medical Board specifying the nature of ailment, stating the fact that the required treatment is not available at the place of present posting.