

Government of Kerala
GENERAL TRANSFER
APPLICATION FORM

1	Permanent Employee Number (PEN)																					
2	Name																					
3	Department																					
4	Designation																					
5	Contact Telephone numbers																					
	Mobile																					
6	E mail																					
7	Name of Present Institution / office																					
8	Date of Entry in Service																					
9	Date of Retirement																					
10	Posting/Promotion Order no. & Date in the present post																					
11	Date Of Joining in the Present Post																					
12	Date of Joining in the Present District																					
13	Date of Joining in the Present Station/Office																					
14	(a)Whether recruited in the present post through DRB?																					
	(b) If yes, District in which recruited																					
15	Home station /District declared at the time of joining service																					
16	Change of home station if any	New Home Station Date of change __/__/																				
17	Details of Service History																					
	<table border="1"> <thead> <tr> <th>From Date</th> <th>To Date</th> <th>Office Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		From Date	To Date	Office Name	Designation																
From Date	To Date	Office Name	Designation																			
18	Details of service in Notified Difficult Areas																					
	<table border="1"> <thead> <tr> <th>District</th> <th>Name Of Institution</th> <th>From Date</th> <th>To Date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		District	Name Of Institution	From Date	To Date																
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19	Whether Transfer is required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Station to which Transfer is Requested for as per order of Preference(Name of Institution/District)	
	SL No	District
	Name of Institution	

21	Whether Transfer is Requested on the basis of any protection given below? Tick as applicable. Supporting documents to be attached along with signed hard copy	
	I. Two years to retirement	
	II.	
	i. SC/ST	ii. Blind Employee Percentage of Disability-
	iii. Physically handicapped Percentage of Disability	iv. Deaf And Dumb Employee Percentage of Disability-
	v. Employee with Locomotor disability including cerebral palsy, cured leprosy, dwarfism, Acid attack victims, Muscular dystrophy	vi. Mentally Disabled
	vii. Parents of Mentally Retarded Children / Employees who look after the Mentally Retarded Siblings solely	viii. Parents of autistic / Cerebral palsy affected children
	ix. Parents of differently abled children with more than 50% of disability	x. Parents of a Deaf and dumb children
	xi. Dependent of persons who died in war (Wife / Husband /Father / Mother / Son / Daughter).	xii. Son / Daughter who looks after the Freedom Fighter
	xiii. Widow / Widower / divorcee who has not re-married.	xiv. Inter Caste married Employee
	xv. Parents of legally adopted Children	xvi. State President/ General Secretary / District President / District Secretary of recognized Service Organisations
	xvii. Employee who have completed the Military Service	xviii. Relative of Jawan (Wife / Husband /Father / Mother / Son / Daughter).
	xix. Wife / Husband /Father / Mother / Son / Daughter of the Jawan of Para- Military wing, Employees of National Investigation Agency	xx. Husband / wife of non-resident Keralites

22	If Transfer is not required and transfer is done on administrative grounds, station preferred to be posted in the order of preference		
	SL No	District	Name of Institution

23	Details of LWA availed if any			
24	Details of Deputation availed			
	District	Name Of Institution / Office	From Date	To Date
25	Details of Working arrangement availed			
	District	Name Of Institution / Office	From Date	To Date
26	Declaration			
	<p align="center">I declare that I will submit the certificates required for Protection (item 21) along with the signed copy of this application.</p>			
	Date:		Signature	

After submitting the application online, printout of the application maybe generated for submitting signed hard copy to the office along with supporting documents for protection if any.