

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																									
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21	<p>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</p> <p>I. Two years to retirement</p> <p>II.</p> <table border="1" data-bbox="342 373 1308 1591"> <tr> <td data-bbox="342 373 792 436">i. SC/ST</td> <td data-bbox="800 373 1308 436">ii. Blind Employee Percentage of Disability <input type="checkbox"/></td> </tr> <tr> <td data-bbox="342 436 792 499">iii. Physically handicapped Percentage of Disability <input type="checkbox"/></td> <td data-bbox="800 436 1308 499">iv. Deaf And Dumb Employee Percentage of Disability <input type="checkbox"/></td> </tr> <tr> <td data-bbox="342 499 792 688">v. Employee with Locomotor disability including cerebral palsy, cured leprosy, dwarfism, Acid attack victims, Muscular dystrophy</td> <td data-bbox="800 499 1308 688">vi. Mentally Disabled</td> </tr> <tr> <td data-bbox="342 688 792 842">vii. Parents of Mentally Retarded Children / Employees who look after the Mentally Retarded Siblings solely</td> <td data-bbox="800 688 1308 842">viii. Parents of autistic / Cerebral palsy affected children</td> </tr> <tr> <td data-bbox="342 842 792 953">ix. Parents of differently abled children with more than 50% of disability</td> <td data-bbox="800 842 1308 953">x. Parents of a Deaf and dumb children</td> </tr> <tr> <td data-bbox="342 953 792 1079">xi. Dependent of persons who died in war (Wife / Husband / Father / Mother / Son / Daughter).</td> <td data-bbox="800 953 1308 1079">xii. Son / Daughter who looks after the Freedom Fighter</td> </tr> <tr> <td data-bbox="342 1079 792 1171">xiii. Widow / Widower / divorcee who has not re-married.</td> <td data-bbox="800 1079 1308 1171">xiv. Inter Caste married Employee</td> </tr> <tr> <td data-bbox="342 1171 792 1325">xv. Parents of legally adopted Children</td> <td data-bbox="800 1171 1308 1325">xvi. State President/ General Secretary / District President / District Secretary of recognized Service Organisations</td> </tr> <tr> <td data-bbox="342 1325 792 1417">xvii. Employee who have completed the Military Service</td> <td data-bbox="800 1325 1308 1417">xviii. Relative of Jawan (Wife / Husband / Father / Mother / Son / Daughter).</td> </tr> <tr> <td data-bbox="342 1417 792 1591">xix. Wife / Husband / Father / Mother / Son / Daughter of the Jawan of Para-Military wing, Employees of National Investigation Agency</td> <td data-bbox="800 1417 1308 1591">xx. Husband / wife of non-resident Keralites</td> </tr> </table>	i. SC/ST	ii. Blind Employee Percentage of Disability <input type="checkbox"/>	iii. Physically handicapped Percentage of Disability <input type="checkbox"/>	iv. Deaf And Dumb Employee Percentage of Disability <input type="checkbox"/>	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
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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			
<input checked="" type="checkbox"/>	I declare that I will submit the certificates required for Protection (item 21) along with the signed copy of this application.			
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.