

**ലേബർ കമ്മീഷണറുടെ കാര്യാലയത്തിലെ സീനിയർ
അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസറുടെ നടപടിക്രമം**
(ഹാജർ:അബൂൽകലാം.എം)

വിഷയം: തൊഴിൽ വകുപ്പ്- 2020 വർഷത്തെ പൊതുസ്ഥലംമാറ്റം-
അപേക്ഷിക്കുന്നതിനുള്ള സമയപരിധി ദീർഘിപ്പിച്ച് ഉത്തരവാകുന്നത്
-സംബന്ധിച്ച്

വായന: 1. സർക്കാരിന്റെ 25/02/2017 തീയതിയിലെ സ.ഉ.(പി) നം.03/2017/
ഉഭപവ നമ്പർ ഉത്തരവ്
2. 10/01/2020 തീയതിയിലെ ഇതേ നമ്പർ കത്ത്.

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ഉത്തരവ് നമ്പർ ഇ(4)464/2020

തിരുവനന്തപുരം, തീയതി . 16/03/2020

വായന (1) സർക്കാർ ഉത്തരവ് പ്രകാരം സർക്കാർ ജീവനക്കാരുടെ പൊതുസ്ഥലംമാറ്റത്തിനായുള്ള പൊതുമാനദണ്ഡമനുസരിച്ച് സ്ഥലം മാറ്റത്തിനായി തൊഴിൽ വകുപ്പിലെ ജീവനക്കാരിൽ നിന്നും വായന(2) ലെ കത്ത് പ്രകാരം അപേക്ഷ ക്ഷണിച്ചിരുന്നു. ടി കത്തിലെ നിർദ്ദേശമനുസരിച്ച് അപേക്ഷ സമർപ്പിക്കേണ്ട അവസാന തീയതി 2020 ഫെബ്രുവരി 28 ആയിരുന്നു. ആയത് 2020 മാർച്ച് 31-ാം തീയതിവരെ ദീർഘിപ്പിച്ചു കൊണ്ട് ഉത്തരവാകുന്നു.

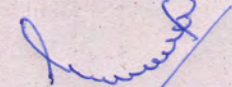
(ഒപ്പ്)

സീനിയർ അഡ്മിനിസ്ട്രേറ്റീവ് ഓഫീസർ

പകർപ്പ്:

1. വെബ്സൈറ്റ്
2. ഫയൽ/സ്റ്റോക്ക് ഫയൽ

ഉത്തരവിൻ പ്രകാരം



സീനിയർ സുപ്രണ്ട് (ഇ)

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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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">From Date</th> <th style="width: 25%;">To Date</th> <th style="width: 30%;">Office Name</th> <th style="width: 20%;">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> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		From Date	To Date	Office Name	Designation																				
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18	Details of service in Notified Hilltract Areas																									
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19	Whether Transfer is required:	<input type="radio"/> Yes <input type="radio"/> No																								
20	Station to which Transfer is Requested for as per order of Preference(Name of Institution/District)																									
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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"> <tr> <td>i.SC/ST</td> <td>ii. Blind Employee Percentage of Disability <input type="checkbox"/></td> </tr> <tr> <td>iii. Physically challenged Percentage of Disability <input type="checkbox"/></td> <td>iv. Deaf And Dumb Employee Percentage of Disability <input type="checkbox"/></td> </tr> <tr> <td>v. Employee with Locomotor disability including cerebral palsy, cured leprosy, dwarfism, Acid attack victims, Muscular dystrophy</td> <td>vi. Mentally Disabled</td> </tr> <tr> <td>vii. Parents of Mentally Retarded Children / Employees who look after the Mentally Retarded Siblings solely</td> <td>viii. Parents of autistic / Cerebral palsy affected children</td> </tr> <tr> <td>ix. Parents of differently abled children with more than 50% of disability</td> <td>x. Parents of a Deaf and dumb children</td> </tr> <tr> <td>xi. Dependent of persons who died in war (Wife / Husband /Father / Mother / Son / Daughter).</td> <td>xii. Son / Daughter who looks after the Freedom Fighter</td> </tr> <tr> <td>xiii. Widow / Widower / divorcee who has not re-married.</td> <td>xiv. Inter Caste married Employee</td> </tr> <tr> <td>xv. Parents of legally adopted Children</td> <td>xvi. State President/ General Secretary / District President / District Secretary of recognized Service Organisations</td> </tr> <tr> <td>xvii. Employee who have completed the Military Service</td> <td>xviii. Relative of Jawan (Wife / Husband /Father / Mother / Son / Daughter).</td> </tr> <tr> <td>xix. Wife / Husband /Father / Mother / Son / Daughter of the Jawan of Para-Military wing, Employees of National Investigation Agency</td> <td>xx. Husband / wife of non-resident Keralites</td> </tr> </table>			i.SC/ST	ii. Blind Employee Percentage of Disability <input type="checkbox"/>	iii. Physically challenged 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.			
	<div style="display: flex; justify-content: space-between;"> <div>Date:</div> <div>Signature</div> </div>			

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.