

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: 25%;">Office Name</th> <th style="width: 25%;">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 Difficult 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)																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">SL No</th> <th style="width: 25%;">District</th> <th style="width: 60%;">Name of Institution</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		SL No	District	Name of Institution																					
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**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.**

<b>i. SC/ST</b>	<b>ii. Blind Employee</b> Percentage of Disability <input type="checkbox"/>
<b>iii. Physically handicapped</b> Percentage of Disability <input type="checkbox"/>	<b>iv. Deaf And Dumb Employee</b> Percentage of Disability <input type="checkbox"/>
<b>v. Employee with Locomotor disability including cerebral palsy, cured leprosy, dwarfism, Acid attack victims, Muscular dystrophy</b>	<b>vi. Mentally Disabled</b>
<b>vii. Parents of Mentally Retarded Children / Employees who look after the Mentally Retarded Siblings solely</b>	<b>viii. Parents of autistic / Cerebral palsy affected children</b>
<b>ix. Parents of differently abled children with more than 50% of disability</b>	<b>x. Parents of a Deaf and dumb children</b>
<b>xi. Dependent of persons who died in war (Wife / Husband / Father / Mother / Son / Daughter).</b>	<b>xii. Son / Daughter who looks after the Freedom Fighter</b>
<b>xiii. Widow / Widower / divorcee who has not re-married.</b>	<b>xiv. Inter Caste married Employee</b>
<b>xv. Parents of legally adopted Children</b>	<b>xvi. State President/ General Secretary / District President / District Secretary of recognized Service Organisations</b>
<b>xvii. Employee who have completed the Military Service</b>	<b>xviii. Relative of Jawan (Wife / Husband / Father / Mother / Son / Daughter).</b>
<b>xix. Wife / Husband / Father / Mother / Son / Daughter of the Jawan of Para-Military wing, Employees of National Investigation Agency</b>	<b>xx. Husband / wife of non-resident Keralites</b>

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

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.