

ഇ (4)1737/2021

ലേബർ കമ്മീഷണറുടെ കാര്യാലയം,
തിരുവനന്തപുരം, തീയതി.25.02.2021

ലേബർ കമ്മീഷണർ

എല്ലാ സബ് ഓഫീസുകൾക്കും

സർ,

വിഷയം: തൊഴിൽ വകുപ്പ്- സർക്കാർ ജീവനക്കാരുടെ 2021 വർഷത്തെ
പൊതുസ്ഥലംമാറ്റം-അപേക്ഷ ക്ഷണിക്കുന്നത്-സംബന്ധിച്ച്-
സൂചന: 25.02.2017ലെ സ.ഉ(പി) നമ്പർ.3/2017/ഉഭവ.

സൂചന ഉത്തരവ് പ്രകാരമുള്ള പൊതുമാനദണ്ഡമനുസരിച്ച്
തൊഴിൽ വകുപ്പിലെ ജീവനക്കാരുടെ 2021 വർഷത്തെ പൊതുസ്ഥലംമാറ്റത്തിനായി
താഴെപ്പറയുന്ന തസ്തികകളിലെ ജീവനക്കാരിൽ നിന്നും അപേക്ഷ ക്ഷണിക്കുന്നു.

1. ക്ലാർക്ക്
2. ടൈപ്പിസ്റ്റ്
3. കോൺഫിഡൻഷ്യൽ അസിസ്റ്റന്റ്
4. ഡ്രൈവർ
5. അസിസ്റ്റന്റ് ലേബർ ഓഫീസർ ഗ്രേഡ്.2

പ്രസ്തുത അപേക്ഷകൾ 2021 മാർച്ച് 15 ന് മുൻപായി ലേബർ
കമ്മീഷണറുടെ കാര്യാലയത്തിൽ നിശ്ചിത പ്രഹോർമയിൽ സമർപ്പിക്കേണ്ടതാണ്.

വിശ്വസ്തതയോടെ,



ലേബർ കമ്മീഷണർക്ക് വേണ്ടി

ഉള്ളടക്കം-പ്രഹോർമ

പകർപ്പ്- വെബ്സൈറ്റ്

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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">District</th> <th style="width: 40%;">Name Of Institution</th> <th style="width: 20%;">From Date</th> <th style="width: 20%;">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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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 data-bbox="344 373 792 436">i.SC/ST</td><td data-bbox="803 373 1307 436">ii. Blind Employee Percentage of Disability <input type="checkbox"/></td></tr> <tr> <td data-bbox="344 436 792 499">iii. Physically handicapped Percentage of Disability <input type="checkbox"/></td><td data-bbox="803 436 1307 499">iv. Deaf And Dumb Employee Percentage of Disability <input type="checkbox"/></td></tr> <tr> <td data-bbox="344 499 792 688">v. Employee with Locomotor disability including cerebral palsy, cured leprosy, dwarfism, Acid attack victims, Muscular dystrophy</td><td data-bbox="803 499 1307 688">vi. Mentally Disabled</td></tr> <tr> <td data-bbox="344 688 792 840">vii. Parents of Mentally Retarded Children / Employees who look after the Mentally Retarded Siblings solely</td><td data-bbox="803 688 1307 840">viii. Parents of autistic / Cerebral palsy affected children</td></tr> <tr> <td data-bbox="344 840 792 951">ix. Parents of differently abled children with more than 50% of disability</td><td data-bbox="803 840 1307 951">x. Parents of a Deaf and dumb children</td></tr> <tr> <td data-bbox="344 951 792 1077">xi. Dependent of persons who died in war (Wife / Husband / Father / Mother / Son / Daughter).</td><td data-bbox="803 951 1307 1077">xii. Son / Daughter who looks after the Freedom Fighter</td></tr> <tr> <td data-bbox="344 1077 792 1171">xiii. Widow / Widower / divorcee who has not re-married.</td><td data-bbox="803 1077 1307 1171">xiv. Inter Caste married Employee</td></tr> <tr> <td data-bbox="344 1171 792 1323">xv. Parents of legally adopted Children</td><td data-bbox="803 1171 1307 1323">xvi. State President/ General Secretary / District President / District Secretary of recognized Service Organisations</td></tr> <tr> <td data-bbox="344 1323 792 1417">xvii. Employee who have completed the Military Service</td><td data-bbox="803 1323 1307 1417">xviii. Relative of Jawan (Wife / Husband / Father / Mother / Son / Daughter).</td></tr> <tr> <td data-bbox="344 1417 792 1596">xix. Wife / Husband / Father / Mother / Son / Daughter of the Jawan of Para-Military wing, Employees of National Investigation Agency</td><td data-bbox="803 1417 1307 1596">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.			
	<div style="display: flex; justify-content: space-between;"> Date: Signature </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.