

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> </tbody> </table>			From Date	To Date	Office Name	Designation																
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18	<p style="text-align: center;"><b>Details of service in Notified Difficult Areas</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">District</th> <th style="width: 40%;">Name Of Institution</th> <th style="width: 15%;">From Date</th> <th style="width: 30%;">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="radio"/> Yes <input type="radio"/> No																					
20	<p><b>Station to which Transfer is Requested for as per order of Preference(Name of Institution/District)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SL No</th> <th style="width: 20%;">District</th> <th style="width: 70%;">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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**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. Less than two years to retire**

- |   |  |
|---|--|
| i. SC/ST  | ii. Blind Employee   |
| iii. Physically handicapped   | iv. Deaf And Dumb Employee   |
| 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**

	<b>25: Details of Deputation availed</b>			
	<b>District</b>	<b>Name Of Institution / Office</b>	<b>From Date</b>	<b>To Date</b>
<b>25</b>	<b>Details of Working arrangement availed</b>			
	<b>District</b>	<b>Name Of Institution / Office</b>	<b>From Date</b>	<b>To Date</b>
<b>26</b>	<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.