

MEDICAL EDUCATION DEPARTMENT - GOVERNMENT OF KERALA
APPLICATION FOR GENERAL TRANSFER

1.	Name and Designation	
2.	Present station & period from which working	
3.	Station to which transfer is sought (HOME STATION)	
4.	Name of stations where previously Worked with duration worked	
5.	Age & Date of Birth	
6.	Name of Husband/Wife . If employed as what and how long has he/she working in the present station (specify the name of place of work and residence)	
7.	Age of Husband/Wife	
8.	Does your marriage come under the purview of Inter-caste marriage	
9.	Do you belong to SC/ST	
10.	Permanent address and place	
11.	Grounds for request of transfer (to be explained fully but in brief style)	
12.	Any other fact that required special consideration	
13.	Whether the transfer/appointment to the present station was on promotion/first	
14.	Date of appointment /promotion to the present post	
15.	Have you given re-option for transfer any time.If so,when and what was your previous choice	

Signature with Name,
Designation and Date

I, _____, hereby certify that the information given above are correct and true to the best of my knowledge and belief.

Recommendation of the Principal

Signature

Form of Declaration /change of Home station in respect of Teaching staff under the Directorate of Medical Education

- 1 Name , Designation and subject of the Incumbent :
- 2 Institution – working at present :
- 3 Whether inter-caste married/SC/ST/ Physically handicapped/Daughter or son Of Freedom Fighter/Dependent of Jawan :
- 4 Home stations,if already declared :
- 5 Details of outstation service in the present Post with particulars Institution(s) period Of service in each , etc :
- 6 Date of retirement :

DECLARATION

_____ hereby declare / change
_____ (place) as my home
station and that the above details are true and I am prepared to suffer any
consequences thereon if they are found to be incorrect.

Signature of the applicant
With date