ANNEXURE-II

DETAILED FORM FOR SUBMITTING INFORMATION BY CANDIDATES

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| --- |
| BASIC DATA: |
| 1 | Name of the Employee  | :: |  |
| 2 | Designation | :: |  |
| 3 | Native place | :: |  |
| 4 | Native District | :: |  |
| 5 | Present Address | :: |  |
| 6 | Mobile Number | :: |  |
| 7 | Land line | :: |  |
| 8 | Date of Birth | :: |  |
| 9 | Age | :: |  |
| SERVICE PERIOD DETAILS |
| 10 | Name of the college presently Working | :: |  |
| 11 | Location of the college | :: |  |
| 12 | HRA applicable in the present College | :: |  |
| 13 | Date of joining in the present College | :: |  |
| 14 | The period of EOL/ EL/ HPL/ absence for more than one year | :: |  |
| 15 | Total service in the present station in years and months | :: |  |
| 16 | Whether the applicant is office bearer and if so, his term  | :: |  |
| 17 | Whether liable for transfer orrequest transfer | :: | LIABLE FOR TRANSFER | REQUEST TRANSFER |
| 18 | ENTITLEMENT POINTSCALCULATION: | :: | PROPOSED BY CANDIDATE | AS VERIFIED BY THE DVEO |
| [A] Points for years of serviceNOTE: To be calculated as per 8 [a] in transfer guidelines |  |  |
| [B] Points for 2nd year results as per IPE March-2016 results [applicable to principals and teaching staff only]NOTE: To be calculated as per 8 [b] in transfer guidelines  |  |  |
| [C] In case of unmarriedfemale/ widow employee |   Unmarried  Widow |  |  |
| [D] In case of spouse is employed |   Yes |  |  |
| [E] Physical Disability |   Yes |  |  |
| [F] Suffering with disease as indicated in 8 [c] [iv] of transfer guidelines |  |  |  |
|  |    Cancer |  |  |
|  |   Open Heart  Surgery |  |  |
|  |   Neuro Surgery |  |  |
|  |   Bone T.B. |  |  |
|  |  Kidney Transplantation/Dialysis |  |  |
| [G] Working in notified Tribal area colleges (as per 8(a) (v) ) |   Yes |  |  |
| NOTE: These points are to be calculated as per guidelines in 8 [c] of transfer guidelines |
| 19 | Total entitlement points accrued by the applicant | :: |  |  |
| 20 | Any other information which the incumbent desires to furnish | :: |  |  |

DECLARATION BY THE CANDIDATE

 I declare that the above said information furnished by me is true /correct to the best of my knowledge and if the information furnished is found wrong in future I will be held responsible for the same.

SIGNATURE OF THE CANDIDATE

CERTIFICATION BY THE PRINCIPAL

 I declare that the above said information furnished by the applicant is verified as per the records of the college and found correct.

 SIGNATURE OF THE PRINICIPAL

VERIFICATION BY THE D.V.E.O.

 I declare that the total entitlement points as filled by the applicant are …………. and as verified by me with the record is ………….

 SIGNATURE OF THE D.V.E.O.