ANNEXURE-II

DETAILED FORM FOR SUBMITTING INFORMATION BY CANDIDATES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 or  request transfer | | :: | LIABLE FOR TRANSFER | REQUEST TRANSFER |
| 18 | ENTITLEMENT POINTS  CALCULATION: | | :: | PROPOSED BY CANDIDATE | AS VERIFIED BY THE DVEO |
| [A] Points for years of service  NOTE: 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  unmarried  female/ 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.