

ಕರ್ನಾಟಕ ಸರ್ಕಾರ

ಸಂಖ್ಯೆ: ಡಿಟಿಇ/06/ಇಎಸ್‌ಟಿ(2)ಎ/2013


ನಿರ್ದೇಶಕರವರ ಕಛೇರಿ.  
ತಾಂತ್ರಿಕ ಶಿಕ್ಷಣ ಇಲಾಖೆ,  
ಬೆಂಗಳೂರು-560 001.  
ದಿನಾಂಕ: 30-05-2013.

ಸುತ್ತೋಲೆ

2013ನೇ ಸಾಲಿನಲ್ಲಿ ವರ್ಗಾವಣೆಗೆ ಇಚ್ಛಿಸುವ ಸಿಬ್ಬಂದಿ ವರ್ಗದವರ ಅರ್ಜಿಯನ್ನು ನಮೂನೆ-1ರಲ್ಲಿ ಪಡೆದು ಹಾಗೂ ವರ್ಗಾವಣೆ ಇಚ್ಛಿಸದೇ ಇರುವ ಎಲ್ಲಾ ಸಿಬ್ಬಂದಿವರ್ಗದವರ ವಿವರವನ್ನು ನಮೂನೆ-2ರಲ್ಲಿ ಸೇವಾ ಪುಸ್ತಕ ಮತ್ತು ಇತರೆ ದಾಖಲೆಗಳೊಂದಿಗೆ ಸಂಸ್ಥೆಯ ಪ್ರಿನ್ಸಿಪಾಲರು ಪರಿಶೀಲಿಸಿ ಪ್ರತ್ಯೇಕವಾಗಿ ಸಲ್ಲಿಸಬೇಕು.

ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆ ಪ್ರಕರಣದಲ್ಲಿ ವರ್ಗಾವಣೆಗೆ ಆದ್ಯತೆ ಬಯಸುವ ಸಿಬ್ಬಂದಿ ವರ್ಗದವರು ನಮೂನೆ-3 ರಲ್ಲಿ ಪತಿ-ಪತ್ನಿ ಪ್ರಕರಣದಲ್ಲಿ ಅರ್ಜಿ ಸಲ್ಲಿಸಲು ಇಚ್ಛಿಸುವ ಸಿಬ್ಬಂದಿ ವರ್ಗದವರು ನಮೂನೆ-4 ರಲ್ಲಿ ಮತ್ತು ಪರೀಕ್ಷಾರ್ಥ ಅವಧಿ ತೃಪ್ತಿಕರವಾಗಿ ಘೋಷಿಸಿದ ಆದೇಶದ ಪ್ರತಿ ಲಭ್ಯವಿಲ್ಲದಿದ್ದಲ್ಲಿ ನಮೂನೆ-5 ರಲ್ಲಿ ಪ್ರಮಾಣಪತ್ರ ಒದಗಿಸಬೇಕಾಗಿರುತ್ತದೆ. ಪ್ರಿನ್ಸಿಪಾಲರು ಎಲ್ಲಾ ದಾಖಲೆಗಳನ್ನು ದೃಢೀಕರಣದೊಂದಿಗೆ ಸಲ್ಲಿಸಬೇಕು.

ಈ ವಿಷಯ ಅತಿ ಜರೂರಾಗಿರುವುದರಿಂದ ಕೂಡಲೇ ಮಾಹಿತಿಯನ್ನು ಒದಗಿಸಲು ತಿಳಿಸಲಾಗಿದೆ.

  
ನಿರ್ದೇಶಕರು  
30/5/13

ಗೆ.

ಎಲ್ಲಾ ಸರ್ಕಾರಿ ಇಂಜಿನಿಯರಿಂಗ್ ಕಾಲೇಜುಗಳು/ಸರ್ಕಾರಿ ಪಾಲಿಟೆಕ್ನಿಕ್/ಸರ್ಕಾರಿ ಕಿರಿಯ ತಾಂತ್ರಿಕ ಶಾಲೆಗಳ ಪ್ರಿನ್ಸಿಪಾಲರುಗಳಿಗೆ.



**Government of Karnataka  
Department of Technical Education  
APPLICATION FOR SEEKING TRANSFER )**

1. KGID number of the employee as entered in HRMS							
2. Name of the Employee							
3. Name of the Father / Husband							
4. Designation / Cadre				Branch			
5. Date of entry into service				6. Gender: Male / Female			
7. Probationary period declared		YES / NO		8. Date of Birth			
9. Address for communication							
PIN code							
Email ID							
Mobile No.							
Residence Tel no.							
<b>10. Current Working Details</b>							
Post Held	Name of the Institution	District	Taluk	City/ Town/ Village	Working in this post since		
<b>11. PAST SERVICE DETAILS (Starting from date of first Regular Appointment)</b>							
Sl. No.	Post Held	Name of the Institution	District	Taluk	City/ Town/ Village	From date	To date
1.							
2.							
3.							
4.							
5.							
6.							

7.							
8.							
9.							
10.							
<b>11. Terminally ill cases of Serious Allment *</b>				YES	NO		
If YES, enclose the certificate issued by the District Medical board*							
<b>12. Physically Challenged (If more than 40% only)</b>				YES	NO		
If YES, enclose the certificate issued by the District Medical board							
<b>13. Widow</b>				YES	NO		
If YES, enclose the Documentary proof							
<b>14. Is Spouse Government Servant</b>				YES	NO		
If YES, A Certificate to that effect issued by the Department / Head of office to be enclosed							
<b>15. Less than two years of service for superannuation</b>				YES	NO		
<b>16. EMPLOYEE DECLARATION</b>							
I hereby declare that the details provided in this form are true and correct to the best of my knowledge. If false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, Control and Appeal) Rules, 1957							
Date:				(Signature of Employee)			
<b>17. DECLARATION OF THE HEAD OF OFFICE</b>							
I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct to the best of my knowledge and belief. I am aware that if false declaration is made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, control and Appeal) Rules, 1957.							
Date:				(Signature of the Head of Institution)			

\* **Explanation under section 9(iv) of the Karnataka State Civil Services (Regulation of Transfer of Staff of Department of Technical Education) Act, 2012:** Where a Government servant of his/her spouse or children are suffering from terminally ill cases of serious ailments, for which medical treatment is not available at his/her place of work and his/her transfer is necessary to a place where such a treatment is available so as to provide him/ her the required medical treatment. However, no such transfer shall be made unless the concerned Government servant produces a certificate issued by the District Medical Board specifying the nature of ailment, stating the fact that the required treatment is not available at the place of present posting.



## Government of Karnataka

**Department of Technical Education**

Data Base of staff to be filled by Head of Institution for the employee not seeking transfer

1. KGID number of the employee as entered in HRMS.							
2. Name of the Employee							
3. Name of the Father / Husband							
4. Designation / Cadre					Branch:		
5. Date of entry into service				6. Gender: Male / Female			
7. Probationary period declared	YES / NO		8. Date of Birth				
9. Address for communication							
PIN code							
Email ID							
Mobile No.							
Residence Tel no.							
<b>10. Current Working Details</b>							
Post Held	Name of the Institution	District	Taluk	City/ Town/ Village	Working in this post since		
<b>11. PAST SERVICE DETAILS (Starting from date of first Regular Appointment)</b>							
Sl. No.	Post Held	Name of the Institution	District	Taluk	City/ Town/ Village	From date	To date
1.							
2.							
3.							
4.							
5.							
6.							

7.							
8.							
9.							
10.							
11. Whether Government is (as per Service Record)	1) Physically Challenged		YES	NO			
	2) Widow		YES	NO			
	3) Spouse Government Servant		YES	NO			
	4) Less than two years of Service as Super, annuation		YES	NO			
<b>12. DECLARATION OF THE HEAD OF OFFICE</b>							
<p>I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct to the best of my knowledge and belief. I am aware that if false declaration is made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provisions of the Karnataka Civil Services (Classification, control and Appeal) Rules, 1957.</p>							
Date:				PRINCIPAL			

