



Government of Karnataka
Health & Family Welfare Department
Application for seeking posting / transfer

I request you to provide me an opportunity to select, though counselling, any one of the vacant post notified (vide of the notification number _____ dated _____ and available at the time of counselling).

1	KGID number of the employee as in HRMS	912291			
2	Name of the Employee	VIJAYA KUMARI			
3	Designation (in case of Specialist / Senior Specialist, mention the specialisation)	Additional Director,(SIHFW),DHFWS ,Blore			
4	Date of entry into service (Permanent)	26-10-1987			
5	Gender :	Female	<input checked="" type="checkbox"/>	Male	
6	Probationary period declared	YES		NO	
7	Date of Birth	06-08-1965			
8	Home or Office Address of communication	# 110/6 4th cross Kanteerava Studio main road Nandini Layout 1st Block 01 560096 01			
PIN code					
Email ID		phijointdirector@gmail.com			
Mobile No.		9535796712			
Residence Tel No.					

9.Current Working Details

Post Held (with specially if applicable)	Name of the Institution	City/Town/Village	Taluka	Districts	Working in this post since
ACCOUNT ASSISTANT	STATE INSTITUTE OF HEALTH & FAMILY WELFARE,		BANGALORE CITY	Bengaluru (Urban)	24-05-2013

	BANGALORE						
10.Past Service Details (Starting from date of first Regular Appointment)							
S I N O.	Post Held	Name of the Institution	City/Town/Village	Taluka	District	From date	To date
2	ACCOUNTS OFFICER	GENERAL HOSPITAL, JAYANAGAR		BANGALORE CITY	Bengaluru (Urban)	30-05-1992	27-06-1998
3	ACCOUNTS OFFICER	TALUKA GENERAL HOSPITAL, MADHUGIRI		BANGALORE CITY	Bengaluru (Urban)	26-10-1987	30-05-1992
4	AAYA	DISTRCT HOSPITAL, TUMKUR		BANGALORE CITY	Bengaluru (Urban)	01-02-2011	23-05-2013
5	ACCOUNT ASSISTANT	STATE INSTITUTE OF HEALTH & FAMILY WELFARE, BANGALORE		BANGALORE CITY	Bengaluru (Urban)	24-05-2013	30-07-2020
11	Terminally ill cases of Serious Ailment*			YES	<input checked="" type="checkbox"/>	NO	
	If YES, enclose the certificate issued by the District Medical board*						
12	Physically Challenged (if more than 40% only)			YES		NO	
	If YES, enclose the certificate issued by the District Medical board*						
13	Widow			YES		NO	
	If YES, enclose the certificate issued by the concerned Tahashildar*						
14	Is Spouse Government servant			YES		NO	
	If YES, A certificate to that effect issued by the Department / Head of office to be enclosed with Spouse Name						
15	EMPLOYEE DECLARATION						
	<p>I here by 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 & appeal) Rules, 1957</p> <p>Date: _____ (Signature of Employee) / Seal</p>						

*** Explanation under rule 10(1)(a) of the Karnataka Civil Services (Regulation of Transfer of Medical Officers and Other Staff) Rules, 2011:** 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 prestnt posting.