



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	754034			
2	Name of the Employee	T H MANJULA			
3	Designation (in case of Specialist / Senior Specialist, mention the specialisation)	Additional Director,(SIHFW),DHFWS ,Blore			
4	Date of entry into service (Permanent)	08-02-1985			
5	Gender :	Female	<input checked="" type="checkbox"/>	Male	
6	Probationary period declared	YES		NO	
7	Date of Birth	04-09-1963			
8	Home or Office Address of communication	No.80, SAMANVAYA 3rd A Cross, KSR Main rd, Muniswamappa Rd, Kanakagiri Sai Enclave, Horamavu Post, Kalkere, Bangalore.43			
PIN code					
Email ID		manjulath4010@gmail.com			
Mobile No.		9449340565			
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	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES		BENGALURU URBAN	Bengaluru (Urban)	04-10-2017

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		
1	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	VICTORIA HOSPITAL, BANGALORE, BMCRI		BENGALURU URBAN	Bengaluru (Urban)	17-04-1993	19-10-1998		
3	ADMINISTRATIVE OFFICER(GENERAL)	BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE BANGALORE		BENGALURU URBAN	Bengaluru (Urban)	08-02-1985	17-04-1993		
4	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	VICTORIA HOSPITAL, BANGALORE, BMCRI		BENGALURU URBAN	Bengaluru (Urban)	20-06-2000	10-01-2007		
6	ACCOUNT ASSISTANT	GENERAL HOSPITAL(KCG), MALLESHWARAM, BANGALORE		BENGALURU URBAN	Bengaluru (Urban)	07-11-2013	03-10-2017		
7	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE BANGALORE		BENGALURU URBAN	Bengaluru (Urban)	19-10-1998	20-06-2000		
8	ACCOUNT ASSISTANT	SNR DISTRICT HOSPITAL, KOLAR		BENGALURU URBAN	Bengaluru (Urban)	16-12-2012	12-03-2013		
9	ACCOUNT ASSISTANT	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES		BENGALURU URBAN	Bengaluru (Urban)	04-10-2017	25-08-2020		
11	Terminally ill cases of Serious Ailment*				YES		NO		
	If YES, enclose the certificate issued by the District Medical board*								
12	Physically Challenged (if more than 40% only)				YES		<input checked="" type="checkbox"/>		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>
<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 present posting.</p>	