



**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 | <input type="checkbox"/> |
| 6 | Probationary period declared | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 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. | | 9964112575 | | | |
| 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 |
| 5 | ACCOUNT ASSISTANT | DISTRICIT HOSPITAL, TUMKUR | | BANGALORE CITY | Bengaluru (Urban) | 01/02/2011 | 23/05/2013 |
| 6 | ACCOUNT ASSISTANT | STATE INSTITUTE OF HEALTH & FAMILY WELFARE, BANGALORE | | BANGALORE CITY | Bengaluru (Urban) | 24/05/2013 | 16/06/2020 |
| 7 | AAYA | BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE BANGALORE | | BANGALORE CITY | Bengaluru (Urban) | 01/01/0001 | 18/07/2020 |
| 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 | | NO | |
| | If YES, enclose the certificate issued by the District Medical board* | | | | | | |
| 13 | Widow | | | YES | <input checked="" type="checkbox"/> | 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 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 & 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 present posting.