



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	1456402			
2	Name of the Employee	USHA RANI K			
3	Designation (in case of Specialist / Senior Specialist, mention the specialisation)	Additional Director,(SIHFW),DHFWS ,Blore			
4	Date of entry into service (Permanent)	22-03-1990			
5	Gender :	Female	<input checked="" type="checkbox"/>	Male	
6	Probationary period declared	YES		NO	
7	Date of Birth	09-01-1962			
8	Home or Office Address of communication	No 5/1, IPP Quarters, KCG Hospital premises, Malleswaram, Bengaluru 560003.			
PIN code					
Email ID		ushakrani090@gmail.com			
Mobile No.		9483162595			
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)	26-05-2016

	BANGALORE						
<b>10.Past Service Details (Starting from date of first Regular Appointment)</b>							
S I N O.	Post Held	Name of the Institution	City/Town/Village	Taluka	District	From date	To date
1	ADDITIONAL DIRECTOR SIHFW	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES		BANGALORE CITY	Bengaluru (Urban)	13-06-2006	02-11-2010
2	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	BANGALORE MEDICAL COLLEGE AND RESEARCH INSTITUTE BANGALORE		BANGALORE CITY	Bengaluru (Urban)	21-08-1991	31-10-1991
3	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	DIRECTORATE OF HEALTH AND FAMILY WELFARE SERVICES		BANGALORE CITY	Bengaluru (Urban)	29-06-2000	13-03-2006
4	ADMINISTRATIVE OFFICER(FAMILY WELFARE)	MYSORE MEDICAL COLLEGE AND RESEARCH INSTITUTE		BANGALORE CITY	Bengaluru (Urban)	23-03-1990	20-08-1991
5	ACCOUNT ASSISTANT	TALUKA GENERAL HOSPITAL, KUNIGAL		BANGALORE CITY	Bengaluru (Urban)	12-11-2010	25-05-2016
7	ACCOUNT ASSISTANT	STATE INSTITUTE OF HEALTH & FAMILY WELFARE, BANGALORE		BANGALORE CITY	Bengaluru (Urban)	26-05-2016	25-08-2020
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 Thahashildar*						
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	<b>EMPLOYEE DECLARATION</b>						
	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

Date:

(Signature of Employee) / Seal

**\* 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.