

**DECLARATION FOR SEEKING TRANSFER BENEFIT UNDER MAIN CARE-GIVER TO THE PERSON WITH DISABILITY IN THE FAMILY (i.e. SPOUSE OR OWN SON / OWN DAUGHTER)**

I, Sh./Smt/Ms.....(name of the employee),.....(post), solemnly declare and furnish the following details to take transfer benefit under MAIN CARE-GIVER to the person with disability in my Family (i.e. i/r of SPOUSE OR OWN SON OR OWN DAUGHTER):

S.N.	Particular	Details to furnish
1	Whether the <b>employee him/her self</b> (as stated above) is Main Care-Giver to the person(i.e. spouse or own son/own daughter) with disability in the family and have a bearing on the systematic rehabilitation of person with disability as per the details in the <b>para3(viii) of Part-1 of KVS Transfer Policy</b>	<b>YES / NO</b>
2	Name and Age of the family member who is having disability	Name : Age :
3	Relation of the employee with the family member who is having disability with the employee	<b>Spouse/ Son/ Daughter</b> (strike out whichever is not applicable)
4	Name the type of disability of the family member as per the details in the <b>para3(viii) of Part-1 of KVS Transfer Policy</b>	
5	Percentage of disability	
6	Date of issue of Disability Certificate	
7	Name of the Medical Board/ Hospital which issued the disability certificate with full address	Name: Address:
8	Rank of the Medical Officer who issued the disability certificate	

The certificate of disability issued by the concerned Medical Authority is enclosed also.

**Signature of the employee**

**Date:** .....

**Verified by ASO/SSA/JSA/Any employee  
delegated by the Controlling Authority  
Signature:  
Name:  
Designation:**

**Countersigned by the Controlling Officer with stamp  
Name:  
Designation:**