

DECLARATION FOR SEEKING TRANSFER BENEFIT UNDER MEDICAL GROUND (MDG)

I, Sh./Smt.....(name of the employee), (post), solemnly declare the following details to take transfer benefit under medical ground (MDG ground):

S.N.	Particular	Details to furnish
1	Name of the patient	
2	Relation of the patient with the employee	Self/ Spouse/ Son/ Daughter (strike out whichever is not applicable)
3	(i) Medical Certificate No.	
	(ii) Date of Issue of Certificate	
	(iii) Hospital name with full address	
	(iv) Name of the Medical Officer who has issued the certificate	Name: Address:
	(v) Designation/Rank of the Medical Officer	
4	Disease Code as per Annexure 1 of KVS Transfer Guidelines	
5	Brief description of Disease as per Annexure 1 of KVS Transfer Guidelines	

The medical certificate issued by the Medical Officer as stated above is enclosed also.

Signature of the employee

Signature of the Controlling Officer with stamp

Date: