

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 employee him self (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 para 7(d) of KVS transfer guidelines	YES / NO
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	Spouse/ Son/ Daughter (strike out whichever is not applicable)
4	Name the type of disability of the family member as per the details in the para 7(d) of KVS transfer guidelines	
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

Signature of the Controlling Officer with stamp

Date: