Web Form

	Sr. No	District	Office name	Sub Office Name	From dated	To date			
16. Employee Previous posting details for last 5 years									
15. Sub office (if any)									
14. Office Name of Present Place of Posting									
13.	13. District of Present Place of Posting :								
12.	12. :Home District								
11. :Date of Retirement									
10.	Date from Place of F		ng on the Pres	ent					
	(as per l	Para 5(c)(i)	(1) of Policy)						
	As on								
	Age in da	ys	_						
9.	Date of Birth (DD/MM/YYY)								
8.	Designatio	n:							
7.	Unique cod	de:							
6.	Mobile :								
5.	Email:								
4.	Marital Sta	itus:							
3.	Gender :								
2.	Father Nar	me :							
1.	Name :								

Sr. No	District	Office name	Sub Office Name	From dated	To date

17. Is employee's spouses working in any department/Board/Corporation under any							
State Government or Government of India and (as per Para 5(c)(ii)(8) of							
Policy)							
Yes No							
If yes, name of department/Board/Corporation							
17(a) If his/her spouse has availed the benefit of 05 marks being couple case for Online Transfer Policy?							
Yes No							
(All the Law officer have to submit self declaration in this regard)							
18. Special Category of female employees: (as per Para 5(c)(ii)(2) of Policy)							
Widow							
Divorced							
Legally Separated							
Un-married female employees more than 40 years of age.							
Wife of serving military personal/paramilitary personal working outside							
the state.							
Not Applicable							
19. Special Category of male Employees (as per Para 5(c)(ii)(3) of Policy)							
Widower (a male employee who has lost his wife and has not remarried and has one or more minor children and/or unmarried daughter(s).							
Not applicable							
20. Is employee differently abled persons? (as per Para 5(c)(ii)(4) of Policy) Yes No							
If yes, then tick below : Vision Locomotors Deaf and Dumb							
40% to 60 % disability 40% to 60% disability 40 % to 60% disability							
Above 60% to 80 % Above 40% to 60% Above 60% to 80%							
Above 80 % Above 80 % Above 80%							

(as per Para 5(c)(ii)(5) of Policy) Yes No If yes, then tick below: Currently suffering from cancer; or Having undergone bypass heart surgery; or Kidney transplant; or Currently undergoing dialysis 22. Unmarried child/children suffering from diseases of Debilitating Disorder? (as per Para 5(c)(ii)(6) of Policy) Yes No If yes, then tick below: Currently suffering from cancer; or Having undergone bypass heart surgery; or Kidney transplant; or Currently undergoing dialysis 23. Spouse suffering from diseases of Debilitating Disorder? (as per Para 5(c)(ii)(6) of Policy) No Yes If yes, then tick below: Currently suffering from cancer; or Having undergone by pass heart surgery; or Kidney transplant; or Currently undergoing dialysis 24. Employee having mentally challenged or 100% differently abled/child? (as per Para 5(c)(ii)(7) of Policy) No Yes 25. Whether employee is under suspension? A. Yes B. No

21. Employee suffering from diseases of Debilitating Disorder?

26. Employee suffering from									
(as pe	(as per Para 5(d) of Policy)								
	100 % vision loss;								
	80 % or more locomotors disability involving both the legs.								
	Not applicable								
Date :-		Signature of Employee							
VERIF	IED BY D.D.O								
	Name :								
	Designation :								
	Sign and Seal :								
	Date:-								

Note:- Please fill up the above form in CAPITAL LETTERS and tick whichever applicable.