



**PART B : CALCUALTION OF DISPLACEMENT COUNT**  
**Mandatory for all the employees**

11	Calculation of displacement count: Factors Allot points for applicable factors only and write NA for not applicable factors	<b>Points to be allotted</b>	Points Actually allotted
1	Stay at a station in the same post as on 31 <sup>st</sup> March in complete years <b>Clarification:</b> <ul style="list-style-type: none"> <li>• Period of absence on any account shall also be counted for this purpose.</li> <li>• If an employee returns to a station X on request after being transferred from X within three years (two years for very hard station), the stay of such an employee at X shall be no. of years spent at X before being transferred plus no. of years spent after coming at X. However, if an employee returns to station after a period of three years (two years for very hard station) the stay shall be counted afresh.</li> </ul>	+ 2 for each completed year	
2	Annual Performance Appraisal Report Grading for the last three years ( To be filled at RO level)	+ 2 for each Below Average grading	
3	Employees below 40 years (as on 31 <sup>st</sup> March of the year) who have not completed one tenure at hard/ very hard/ NE stations. (Indicate <b>Y</b> for Yes for completed & <b>N</b> for Not completed)	Y/N	
4	LTR/DFP/ MDG Cases ( Strike out whichever is not applicable) <b>Clarification:</b> <ul style="list-style-type: none"> <li>• If an employee qualifies for more than one the points shall be limited to a maximum of -50 only.</li> </ul>	(-50)	
5	Spouse, if a KVS employee and posted at the same station.	(-15)	
6	Physically challenged employee	(-50)	
7	Spouse, if a Govt. Sector Employee & posted at the same station.	(-10)	
8	Woman employee not covered under <b>11(5)</b> & (7) ABOVE	(-10)	
9	Members of recognized associations of KVS staff who are also members of JCM at KVS regional offices and/or KVS headquarters.	(-15)	
10	Award winning employees: National award given by the President of India KVS National Incentive award <b>Clarification:</b> If an employee qualifies for both the awards then the maximum concession of -5 marks shall be given	(-5) (-2)	
	<b>Displacement Count</b>	<b>Total of 11(1) to 11(10)</b>	

**PART C : CALCULATION OF TRANSFER COUNT**  
**For employees desiring a request transfer**

12	Calculation of transfer count: Factors Allot points for applicable factors only and write NA for not applicable factors	Points to be allotted	Points actually allotted
1	Active Stay at a station in the present post as on 31 <sup>st</sup> March. Periods of continuous absence of 30 days or more ( 45 days or more for hard/ very hard/ NER stations) shall not be counted	+2 for each completed year	
2	Annual Performance Appraisal Report Grading for the last three years. No point shall be given if report for any of the last three years is not written or available. (To be filled at KVS level)	+ 2 for Outstanding grading for each year	
3	Award winning employees: National award given by the President of India KVS National Incentive award <b>Clarification:</b> If an employee has won both the awards then the maximum concession of +5 marks shall be given	+5 +2	
4	Spouse, if working in KVS at the requested station or within 100 km	+ 15	
5	Spouse, if working in government sector at the requested station or within 100 km	+ 10	
6	DFP/MDG/LTR Cases If an employee qualifies for more than one the points shall be limited to a maximum of + 50 only. If an employee has secured last transfer on DFP/MDG/LTR ground these points shall not be given	+50	
7	Completion of tenure in hard/NER/very hard stations. Points shall be given when an employee applies for transfer after completing the tenure at hard/ very hard/ NER station(s). The maximum points under the head shall remain +55/+60 only.	+ 55 for hard + 60 for very hard	
8	Physically challenged employee Further, if an employee has Already secured a request transfer in previous year(s) on the basis of these additional points the points shall not be given again.	+40	
9	Woman employee <b>Clarification:</b> Women employees eligible for points under serial no. 4, 5 herein above shall not be eligible for these points.	+10	
	<b>Transfer Count</b> <b>(To be filled at KVS level)</b>	<b>Total of 12 (1)</b> <b>to 12 (9)</b>	

**PART -D : DECLARATIONS AND CERTIFICATES**

13	<p align="center"><b><u>DECLARATION FOR WORKING SPOUSE</u></b></p> <p>I, _____ (Name of the Employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of station) which is my <u>present station/choice station(s) or within 100 km distance</u>( Strike out whichever is not applicable). The spouse is employed in Kendriya Vidyalaya Sangathan/ government sector (Strike out whichever is not applicable) as _____(Designation of the spouse).</p> <p>Date _____ Signature of the Employee _____</p>
14	<p align="center"><b><u>MEDICAL CERTIFICATE</u></b></p> <p>(To avoid disqualification, please do NOT use abbreviation. Fill in with CAPITAL LETTERS only. Please do not attach any enclosure except where specifically asked for)</p> <p>Name of Patient: Relation of patient with the employee(self/spouse/son/daughter): Address: Date:</p> <p>I, Dr. _____ with Medical Council Registration No. _____ hereby that Shri/Smt./Ms _____ aged _____ Sex _____ son/ daughter/wife/husband of Shri/Smt _____ (name of KVS teacher/employee) is suffering from the disease/diseases with the details as follows and that treatment of this disease is not at all available at this station or its vicinity:</p> <p><b>1. In case of Carcinoma:</b></p> <ol style="list-style-type: none"><li>1. Name of Carcinoma with site effected:</li><li>2. Date when it was detected first</li><li>3. Brief History-Pathological Report with reference no. &amp; dates :</li><li>4. T.N.M. Classification (if applicable) :</li><li>5. Evidences in support of uncontrolled growth :</li><li>6. Evidences in support of Metastasis :</li><li>7. Condition of neighboring or surrounding structures :</li><li>8. Treatment being continued in brief :</li><li>9. Full name of Surgery/Surgeries in connection with dates :</li></ol> <p><b>B. In case of Renal Failure :</b></p> <ol style="list-style-type: none"><li>2. Name of the disease causing Renal Failure :</li><li>3. Evidences in support of Chronic Irreversible changes :</li><li>4. Number of Dialysis done with dates :</li><li>5. Single or both kidneys are involved :</li><li>6. Any surgery including Renal Transplantation done or not :</li></ol> <p><b>C. In Case of Loss of Muscle Power:</b></p> <ol style="list-style-type: none"><li>1. How many extremities are affected :</li><li>2. Grading of Muscle Power at present :</li><li>3. Grading of Muscle Power at the onset of disease.</li><li>4. Duration of Loss of Muscle Power.</li><li>5. Any recovery after the onset till date :</li><li>6. Most direct cause of Loss of Muscle Power.</li></ol> <p><b>D. In Case of Heart Diseases :</b></p> <ol style="list-style-type: none"><li>1. Name of the surgical procedure undergone. CABG/Angioplasty.</li><li>2. Date of surgical procedure.</li><li>3. Name of Doctor- Surgeon</li><li>4. Name of Hospital.</li></ol>

	<p><b>E. In case of Thalassaemia:</b></p> <ol style="list-style-type: none"> <li>1. Name of the disease (with specification-major or minor);</li> <li>2. Date of first detection;</li> <li>3. Whether blood transfusion required? Y/N</li> <li>4. If so, periodicity/ duration of blood transfusion/ replacement required by the patient/Chelation therapy</li> <li>5. Blood transfusion done last DD/MM/YYYY</li> </ol> <p><b>F. In case of Parkinson's disease:</b></p> <ol style="list-style-type: none"> <li>1. Date of detection of the disease;</li> <li>2. Duration of treatment undergone;</li> <li>3. Name and designation of treating neurologist;</li> <li>4. Whether admitted in hospital and if so, details thereof;</li> <li>5. Progressiveness of the disease- please specify; (To be certified by a neurologist)</li> </ol> <p><b>G. In case of Motor-neuron disease</b></p> <ol style="list-style-type: none"> <li>1. Date of detection of the disease;</li> <li>2. Duration of treatment undergone;</li> <li>3. Name and designation of treating neurologist;</li> <li>4. Result of the EMG test report and MRI;</li> <li>5. Grading of muscle power at present</li> </ol> <p style="text-align: right;"><b>(Signature of Signing Authority)</b></p> <p style="text-align: right;"><b>Name</b> <b>Name of the Deptt.</b> <b>Name of Hospital</b> <b>Place</b> <b>Date</b> <b>Seal</b></p> <p><b>Name and signature of patient</b></p> <p>Name of the Patient: _____</p> <p>Relation with the Employee ( Self/ spouse/ son / daughter): _____</p> <p><b><u>If the certifying doctor is below the rank of civil surgeon or equivalent it should be countersigned by a Doctor of the rank of civil surgeon or equivalent.</u></b></p>
15	Signature of the Employee **
16	Signature of the Principal
17	Signature of the AO
18	Signature of the Deputy Commissioner.

\*\* The employee should sign as a token of having satisfied himself/ herself on the allotted points and other entries at school level. Signature shall not be however mandatory if Part C is left blank. However, the school shall fill up Part A and B if employee is not present or not available otherwise and forward the same to the KVS.

## INSTRUCTION TO FILL UP KVS TRANSFER APPLICATION FORM

The transfer application form contains four parts viz., Part A, Part B, Part C and Part D. Part A, B and D are to be necessarily filled-in in respect of all the employees. Part C however, shall also be filled for such employees who are seeking transfer to choice KV(s) for Intra Station or choice station(s) for Inter Stations. Employees are requested to fill up form with lot of care and seriousness. It is made amply clear to each and every employee that the transfer once effected whether on request or administrative ground shall not be cancelled/modified or changed in any manner. Code number of choices shall be correctly filled-in against serial number 10 A or 10 B of the transfer application form. An employee who is not seeking transfer to a choice place shall use serial number 10 A or 10 B to indicate choices in case his/her displacement becomes a necessity.

S.N.	ITEM	INSTRUCTION
1	Name of the Employee	In block letters. If the name contains more than 20 alphabets use abbreviated form of the name
2	Post and Subject	Use correct post and subject code circulated with the policy and also available on KVS website. An employee working as Music Teacher shall write post code as "PRT" and subject code as "MUST"
3	Present station code and present KV Code	Use correct code circulated with the policy and also available on KVS' website
4	Date of joining in KVS in present post	As explained in the form
5	Date of joining in present KV in present post	As explained in the form
6	Date of joining in present station in present post	As explained in the form
7	Date of joining in Hard/Very Hard/NE Station	As explained in the form. If an employee is transferred from a Hard/Very Hard/NE Station to another Hard/Very Hard/NE Station, he/she is requested to fill the date of joining in previous Hard/Very Hard/NE Station for cases of combined stay in Hard/VeryHard/NE Stations.
8	Date of birth	As explained in the form
9	Reason for last transfer	Specify the appropriate option as given in the Part A
10A	Code number of choice KVs- 10A of form	Correct KV code number in order of preference is to be given. A maximum of five KV choices can be given, in cases when transfer/displacement is sought within the KVs of present station of posting.
10B	Code number of choice stations- 10 B of form	Correct station code number in order of preference is to be given. A maximum of five station choices can be given, in cases when transfer/displacement is sought outside the present station of posting.
11	Calculation of Displacement Count	As explained in the form
11(4) & 12 (6)	MDG Cases	Refer Column 14 of Transfer Application Form. "MDG" means an employee seeking transfer on the basis of one or more of the medical conditions listed in Annexure -1, affecting himself/herself, spouse or dependent son/daughter.

12	Calculation of Transfer Count	As explained in the form IF an employee had to change station while working in hard/ very hard/ NER stations only in accordance with the Para 5 (a) of the Transfer Guidelines the total tenure spent in all the stations shall be added and accounted for giving points
13	Declaration for Working Spouse	Certain protection is available to an employee from getting displaced if the employee's spouse is also a KVS /Govt. Sector employee and is posted at the same station. . Similarly, certain preference has been given to employees in request transfer if the employee's spouse is working in KVS or any government sector and posted <i>either</i> at the choice station or within a distance of 100 km from the choice station(s). The declaration prescribed in the transfer application form serves both the purposes hence it should be properly filled as explained in the form. Request transfer seeking benefits of working spouse should indicate only such choices which are within 100 km of the place where spouse is working. Controlling Authority of an employee must obtain a certificate regarding the employment of the employee's spouse from his/ her employer and keep the same in the personal file of the employee. Any incongruity in the certificate and the declaration furnished in the transfer application form should be appropriately dealt with.
14	Medical Certificate for MDG Ground	If an employee qualifies to be an MDG case, the certificate should be carefully filled and signed by a civil surgeon or equivalent and competent to issue the relevant certificate or countersigned by civil surgeon or equivalent. The entries be made in block letters and should remain legible. If the certificate is found to be fraudulent on any subsequent verification the employee concerned shall not be considered for transfer. Besides such an employee shall be liable for disciplinary action.
15	Signature of the employee	The employee 'should satisfy himself/ herself on points given against various factors in Part A, Part B and Part C and various other entries made at school level. Signature shall however, not be mandatory if part C is not filled.
16	Signature of the Principal	The entries should be verified and signed
17	Signature of AO	The entries at the RO level be verified and signed
18	Signature of the Deputy Commissioner	The entries at the RO level be verified and signed
19	Part B of the transfer application form - Item of 11(5) & (7)	Same Station shall mean to include places that come in the urban agglomeration.
20	Active Stay in the School Part C of the Application Form - Item No. 12(1)	Period of continuous absence exceeding 30/45 days (as applicable) other than maternity leave, training period and vacation shall be excluded.
21	Application of the newly recruited employees on their initial posting	If the employee cannot seek transfer for certain period as per the appointment order, such an employee shall not be allowed to fill up the Part C of the form during such periods.