

PART B : CALCULATION 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	Points to be allotted	Points Actually allotted
1	Stay at a station in the same post as on 30 th June, 2016 for Hard/Very Hard/NE Station in complete years (As per information under Col.5 of Page 1) Clarification: <ul style="list-style-type: none"> Period of absence on any account shall also be counted for this purpose. If an employee returns to a station X on request after being transferred from X within three years (two years for hard/very hard/NE 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 hard/very hard/NE station) the stay shall be counted afresh. Clause upto relaxation of 25 days to be inserted. 	+ 2 for each completed year	
2	Annual Performance Appraisal Report Grading for the last 02 (two) years	+ 2 for each Below Average Grading	
3	Employees below 40 years of age (as on 30 th June 2016) regarding completion of tenure at hard/ very hard/NE stations. (Indicate Y for Yes for COMPLETED & N for No for NOT COMPLETED) (Applicable for only Male Teachers below 40 years of age). (Others to keep it blank). (See instructions at S.No. 11(3)). (Applicable for only Male Teachers below 40 years of age). (Others to keep it blank). (See instructions at S.No. 11(3)).	Yes/No	
		If yes, give details	
		Station Code and name of hard/very hard/NER where tenure completed	From (dd/mm/yyyy) To (dd/mm/yyyy)
4	LTR/DFP/ MDG / Widow/ Single Parent Cases (Strike out whichever is not applicable) Clarification: <ul style="list-style-type: none"> If an employee qualifies for more than one the points shall be limited to a maximum of -50 only. 	(-50)	
5	Spouse if a KVS Employee and posted at the same station or within 100 Kms.	(-20)	
6	Spouse if a Defence Employee and posted at the same station or within 100 Kms.	(-18)	
7	Physically challenged employee	(-60)	
8	Spouse if a Govt. Sector Employee & posted at the same station or within 100 Kms.	(-15)	
9	Woman employee <u>not covered under 11(5), (6)& (8) above are eligible for these points</u>	(-6)	
10	Members of recognized associations of KVS staff who are also members of JCM at KVS regional offices and/or KVS headquarters.	(-25)	
11	Award winning employees: National award given by the President of India KVS National Incentive award KVS Regional Incentive award Clarification: If an employee qualifies for all the awards then the maximum concession of -6 marks shall be given	(-6) (-4) (-2)	
12	(a) Whether child of the employee is to appear in class XII Exam in the transfer year i.e. March-2017 and whether the employee is seeking exemption from displacement under para 7(d) of Transfer Guidelines. (if yes mention name of child, School & Board). (b) Whether an employee is seeking exemption for one year due to a dependent disabled child as per para 7 of Transfer Guidelines & DoPT OM.	YES/NO Name of Child:- Name of School / Disability:- Name of Board:-	
	Displacement Count (To be filled at KV level)	Total of 11(1) to 11(11) except 11(3) & 11(12)	

Note: (i) Whether the employee is willing to apply for request transfer as per choice KV/ Stations filled in Col. 10A/10B of Part A of application form. (Write Yes/No)
(ii) If yes, then fill-up the PART-C of the application form.

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 30 th June 2016 for all Stations. Periods of continuous absence of 30 days or more (45 days or more for hard/ very hard/ NER stations) shall not be counted. Tenure of employees posted at Hard/Very hard/NER in 2014-15 and 2015-16 shall be treated complete in two years as on 30.6.2016.	+2 for each completed year	
2	Annual Performance Appraisal Report Grading for the last 02 years. No point shall be given if report for any of the last 02 years is not written or available. (To be filled at KV level)	+2 for Outstanding (Over-all 8 to 10) grading for each Year and total +4	
3	Award winning employees: National award given by the President of India KVS National Incentive award KVS Regional Incentive award Clarification: If an employee has won all the awards then the maximum concession of +6 marks shall be given	+6 +4 +2	
4	Spouse if working in KVS at the requested station or within 100 km	+20	
5	Spouse if working in Defence at the requested station or within 100 km	+18	
6	Spouse if working in government sector at the requested station or within 100 km	+15	
7	DFP/MDG/LTR/Widow/Single Parent 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/ Widow/ Single Parent ground these points shall not be given in the same post.	+50	
8	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	
9	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 given again.	+60	
10	Woman employee Clarification: Women employees eligible for points under serial no. 4, 5 & 6 herein above shall not be eligible for these points.	+6	
11	For employee having a differently abled dependent child as per DOP&T Norms. (Para 11(e) of Transfer Guidelines). In case you don't get transfer as per your choice(s) in part A of the form, would you like your transfer to another class A or B city to facilitate the treatment of your child. If yes, please indicate two such stations.	YES/NO	
		Choice 1 (An A or B class city with its station code.)	Choice 2 (An A or B class city with its station code.)
	Transfer Count (To be checked by KV office)	Total of 12 (1) to 12 (11)	

PART -D :DECLARATIONS AND CERTIFICATES

NOTE : for column 13 & 14, strike out the entire entry if not applicable. If applicable, fill it completely.

13	<p style="text-align: center;"><u>DECLARATION FOR WORKING SPOUSE</u></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)</u> or within 100 km distance from my present station/choice station(Strike out whichever is not applicable). The spouse _____ (Name) is employed in KendriyaVidyalayaSangathan/Defence/Government sector (Strike out whichever is not applicable) as _____ (Designation of the spouse).</p> <p>Date _____ Signature of the Employee _____</p> <p>Signature of the Principal after checking</p>
14	<p style="text-align: center;"><u>MEDICAL CERTIFICATE</u></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 certify 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>A. <u>In case of Carcinoma:</u></p> <ol style="list-style-type: none">1. Name of Carcinoma with site effected:2. Date when it was detected first3. Brief History-Pathological Report with reference no. & dates :4. T.N.M. Classification (if applicable) :5. Evidences in support of uncontrolled growth :6. Evidences in support of Metastasis :7. Condition of neighboring or surrounding structures :8. Treatment being continued in brief :9. Full name of Surgery/Surgeries in connection with dates : <p>B. <u>In case of Renal Failure :</u></p> <ol style="list-style-type: none">1. Name of the disease causing Renal Failure :2. Evidences in support of Chronic Irreversible changes :3. Number of Dialysis done with dates :4. Single or both kidneys are involved :5. Any surgery including Renal Transplantation done or not : <p>C. <u>In Case of Loss of Muscle Power:</u></p> <ol style="list-style-type: none">1. How many extremities are affected :2. Grading of Muscle Power at present :3. Grading of Muscle Power at the onset of disease.4. Duration of Loss of Muscle Power.5. Any recovery after the onset till date :6. Most direct cause of Loss of Muscle Power. <p>D. <u>In Case of Heart Diseases :</u></p> <ol style="list-style-type: none">1. Name of the surgical procedure undergone. CABG/Angioplasty.2. Date of surgical procedure.3. Name of Doctor- Surgeon4. Name of Hospital.

E. In case of Thalassemia:

1. Name of the disease (with specification-major or minor);
2. Date of first detection;
3. Whether blood transfusion required? Y/N
4. If so, periodicity/ duration of blood transfusion/ replacement required by the patient/Chelation therapy
5. Blood transfusion done last DD/MM/YYYY

F. In case of Parkinson's disease:

1. Date of detection of the disease;
2. Duration of treatment undergone;
3. Name and designation of treating neurologist;
4. Whether admitted in hospital and if so, details thereof;
5. Progressiveness of the disease- please specify;
(To be certified by a neurologist)

G. In case of Motor-neuron disease

1. Date of detection of the disease;
2. Duration of treatment undergone;
3. Name and designation of treating neurologist;
4. Result of the EMG test report and MRI;
5. Grading of muscle power at present

H. "Any other disease with more than 50% mental disability duly examined by and recommended by the respective Regional Medical Board with latest records/ reports(within three months).

(Signature of Signing Authority)

Name
Name of the Deptt.
Name of Hospital
Place
Date
Seal

Name and signature of patient

Name of the Patient: _____

Relation with the Employee (Self/ spouse/ son / daughter): _____

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.

15 I hereby undertake that if any external pressure regarding my transfer, including requests/ representations from my spouse/ family members/ relatives, is brought on KVS then my transfer request is liable to be rejected. I also undertake that if my request transfer is allowed by KVS, then I will not request for any cancellation/modification and will join at the new place of posting.

I also certify that all information given by me in this application form are true and correct as per records.

Signature of the Employee

Note: The Principal shall fill up Part A except column 10A/10B and Part B if employee is not present or not available otherwise and forward the same to the KVS, RO leaving blank the Part-C and Part-D of the application form and without the signature of the employee.