

ANNEXURE – II

**DETAILED FORM FOR SUBMITTING INFORMATION BY CANDIDATES**

<b>BASIC DATA:</b>				
1.	Name of the Employee	::		
2.	Designation	::		
3.	Native Place	::		
4.	Native District			
5.	Present Address	::		
6.	Mobile Number	::		
7.	Land line	::		
8.	Date of Birth	::		
9.	Age	::		
<b>SERVICE PERIOD DETAILS:</b>				
10.	Name of the College presently working	::		
11.	Location of the College	::		
12.	HRA applicable in the present College	::		
13.	Date of joining in the present College	::		
14.	The period of EOL/ EL/ HPL/ absence for more than one year	::		
15.	Total service in the present station in years and months	::		
16.	Whether the applicant is office bearer and if so, his term	::		
17.	Whether liable for transfer or request transfer	::	LIABLE FOR TRANSFER <input type="checkbox"/>	REQUEST TRANSFER <input type="checkbox"/>
18.	<b>ENTITLEMENT POINTS CALCULATION:</b>	::	PROPOSED BY CANDIDATE	AS VERIFIED BY THE DVEO
[A] Marks for years of service				
<u>NOTE:</u> To be calculated as per 8 [a] in transfer guidelines				
[B] Marks for 2 <sup>nd</sup> year results as per IPE marks [applicable to Principals and Teaching staff only] <u>NOTE:</u> To be calculated as per 8 [b] in transfer guidelines				
[C] In case of unmarried female/ widow employee.	<input type="checkbox"/> Unmarried <input type="checkbox"/> Widow			
[D] In case spouse is employed	<input type="checkbox"/> Yes			
[E] Physical Disability	<input type="checkbox"/> Yes			

[F] Suffering with disease as indicated in 8 [c] [iv] of transfer guidelines			
	<input type="checkbox"/> Cancer		
	<input type="checkbox"/> Open Heart Surgery		
	<input type="checkbox"/> Neuro Surgery		
	<input type="checkbox"/> Bone T.B.		
	<input type="checkbox"/> Kidney Transplantation		
[G] For the diseases mentioned at Rule 8(C)(v) of guidelines	<input type="checkbox"/> Physical & Mental retardness of children		
	Other heart <input type="checkbox"/> Ailments i.e Angioplasty, Bypass Surgery		
	<input type="checkbox"/> Persons suffered with serious accidents within the last one year and are partially disabled/incapacitated		
<b>NOTE:</b> These marks are to be calculated as per guidelines in 8 [c] of transfer guidelines			
19.	Total entitlement points accrued by the applicant	::	
20.	Any other information which the incumbent desires to furnish	::	

**DECLARATION BY CANDIDATE**

I declare that the above said information furnished by me is true/ correct to the best of my knowledge and the information furnished if found wrong in future, I will be held responsible for the same.

SIGNATURE OF THE CANDIDATE

**CERTIFICATION BY PRINCIPAL**

I declare that the above said information furnished by the applicant is verified as per the records of the College and found correct.

SIGNATURE OF THE PRINCIPAL

**VERIFICATION BY THE D.V.E.O.**

I declare that the total entitlement points as filled by the applicant are \_\_\_\_\_ and as verified by me with the records is \_\_\_\_\_.

SIGNATURE OF THE D.V.E.O.