



NAVODAYA VIDYALAYA SAMITI
(An Autonomous Organization under Ministry of HRD)
Department of School Education and Literacy),
Government of India
B-15, Institutional Area, Sector-62,
Noida, District Gautam Budh Nagar,
Uttar Pradesh – 201 309

No.F.2-18/2015-NVS(Estt.)/

December 22, 2015

To

The Dy. Commissioner,
Navodaya Vidyalaya Samiti,
All Regional Offices.

**Sub: Transfer of Teaching and Non-teaching staff for
the year 2016 in accordance with the Transfer
Policy 2012 – reg.**

Sir,

It is observed for quite some time that some of the employees having genuine reasons are not getting transfer to the place of their choice on the pretext that either they are ineligible to seek request transfer or no vacancy is available at the choice place despite the fact that an employee has been continuing there (i.e. in the choice place) for more than 10 years. It has also come to the notice that husband and wife posted at different places are not getting unified or posted to a nearby JNV on the ground that they do not complete the normal tenure of service in their present place of posting. Same is the case in respect of employees suffering from serious ailment and requiring posting at a place where the treatment is available or where their near and dear are available to take care of them. Employees belonging to persons with disability category have also complained of not getting transfer to the place of their choice including home district despite the instructions of Govt. of India in their favour. Employees working in very hard and difficult stations and completing the requisite tenure of service are also expressing their discontentment for not getting transfer to the place of their choice as the said place is being occupied by another employee for more than 10 years (normal stay in a station).

2.1 The problems being faced by the needy employees vis-a-vis the provisions of the transfer policy 2012 and recent court cases related to the transfer was examined in detail. Considering the matter from all angles, keeping the organizational interests uppermost, it is decided to extend due benefits to the aforementioned needy employees within the frame work of the provisions of the transfer policy. In order to maximize the request transfer in the year 2016 onwards, the transfer will be effected in the following order of priorities:-

- a) Transfer of differently abled employees to their choice place.

- b) Transfer of Employees who are suffering from serious ailment/disease including their spouse and children as mentioned in Transfer Policy.
- c) Transfer of Employees completing mandatory tenure at very hard, hard and NER Region.
- d) Transfer of husband/wife to one station for unification with spouse or nearby station.
- e) Transfer of employees to hard & difficult station on willingness.
- f) Transfer of employees to hard & difficult station who have completed more than normal tenure in plain areas.
- g) General transfer of the rest of the employees (i.e. transfer within the plain area and transfer within hard & difficult area).
- h) Rotational transfer of Regional Language Teachers.
- i) Adjustment of staff declared surplus.
- j) Administrative transfer of employees whose retention is not considered conducive for the Vidyalaya Management/functioning.

2.2 CASES NOT COVERED UNDER TRANSFER COUNTS WITH REASONS

- a) Transfer of differently abled employees (and employees having differently abled dependents) to be governed as per DOPT OM No.:AB 14017/16/2002-Estt.(RR) dated 13th March, 2002 & OM No.:42011/3/2014-Estt.(Res.) dated 6th June, 2014.
- b) Transfer of employees who are suffering from serious ailment/disease including their spouse and children as mentioned in Transfer Policy [Essence of the provisions of Transfer Policy under Para 2 (b) (k)]
- c) Employees working under Special Bond in hard & difficult station and completing the requisite tenure [Obligatory for the Samiti].
- d) Transfer of husband/wife to one station for unification with spouse or nearby station [DOPT OM No.:28034/9/2009-Estt.(A) dated 30th September, 2009)].

3. Process of inviting applications from employees for request transfer and furnishing data thereof to the NVS (Hqrs.) by the concerned Regional Office.

- a) The prescribed proforma (Format – I) for request transfer is required to **be filled up by all employees** irrespective of their intension to seek request transfer. Those employees who desire for request transfer have to mandatorily fill up Part B of the aforesaid prescribed proforma. As a result, the employees who want request transfer will have both the counts **{i.e. (i) “transfer counts” and (ii) “displacement counts”}**. Employees who do not request for transfer will have only the “displacement count”. Other particulars such as working spouse, medical certificate and service details are common to both the category of employees (i.e. those who want request transfer and those who do not want the same). Request application for transfer, as aforesaid, will be received and kept at concerned Regional Office. The summary of request application will be prepared by the Regional Office in the prescribed format (Format -II) and submitted to NVS (Hqrs.).



b) The Regional Language Teachers are governed by the provisions of **rotational transfer** as envisaged in the transfer policy 2012. They have to apply for request transfer to their native State. As such they need to fill up the application form (Format-III) and send it to concerned Regional Office for onward transmission to NVS (Hqrs.). The Regional Office will prepare a consolidated list of request for transfer of Regional Language Teachers in the prescribed format (Format-IV) and send it to NVS (Hqrs.). In order to effect the rotational transfer (i.e. from outside to native State and from native State to outside) of Regional Language Teachers, the Regional Office is required to furnish detailed particulars of Regional Language Teachers who have completed 5 years of stay or more as on 01.01.2016 in the prescribed format (Format-V) and submit the same to NVS (Hqrs.). Those who want transfer within the State have to apply in prescribed Format (i.e. Format-I) as applicable for teachers other than Regional Language Teachers.

c) **Employees willing on their own and requesting for their posting to hard & difficult stations** have to submit their applications in writing to the Regional Office indicating the place of their choice. The Regional Office will compile the data in respect of transfer on willingness for posting to hard, very hard and NER station in prescribed format (i.e. Format-VI) and send it to NVS (Hqrs.) for effecting their transfer.

d) Adjustment of surplus staff

Teachers found/declared surplus due to change of stream or abolition of post during the academic year 2016-17 will have to be adjusted in the region against the available vacancy. In case no vacancy is available in the same region, then the proposal in respect of unadjusted surplus teachers together with their choice may be sent to the NVS (Hqrs.) separately indicating their name, designation, date of joining in the post in the Samiti and date of joining in the present JNV for their adjustment/posting in adjoining region.

e) Administrative transfer of employees whose retention is not considered conducive for the Vidyalaya Management/functioning

In this regard on receipt of a complaint, a detailed enquiry is to be conducted by the Regional Office and report of enquiry together with the recommendation of Dy. Commissioner be sent to the NVS (Hqrs.) for effecting transfer of the erring official on administrative grounds.

f) Details of persons working in their home district is to be furnished to NVS (Hqrs.) in prescribed format (i.e. Format-VII)

4. Keeping in view the priority fixed by the Samiti for effecting the transfer and the process of collecting the data for transfer, the Regional Office should inform all employees through the JNV concerned to fill up the application form and submit the same to the Regional Office. Necessary scrutiny may be done at the level of Regional Office. Compiled data in prescribed format as stated under Para 3 are to be sent to NVS (Hqrs.) both in soft and hard copy. The time limit prescribed in this regard is to be scrupulously adhered to.



5. Display of vacancies in the website of NVS (Hqrs.) & Regional Office

In order to facilitate the concerned employees to exercise their choice for request transfer, the vacancies are to be displayed in the website of concerned regional office and also in the website of NVS (Hqrs.). The vacancies are to be displayed distinctively under two categories i.e. actual vacancy as on 31.03.2016 and deemed vacancies as on 31.3.2016. Actual vacancy may include the vacancy likely to arise on account of retirement, resignation etc. The deemed vacancies are those vacancies where present incumbents have completed more than the normal tenure prescribed in the Transfer Policy in **plain area** (i.e. 10 years/5 years as the case may be). The employees seeking request transfer may opt for such deemed vacant places as their choice place and in such circumstances the employee working there has to be shifted to his/her choice place if he/she asks for the same in the request transfer application and the same is found vacant. Otherwise Samiti may transfer him/her to any other place on its own. This particular point should be brought to the notice of all concerned.

6. Time schedule for various activities:

| S. No. | Activities related to annual transfer drive 2016 | Target Date |
|--------|---|---|
| 01. | Issue of communication/letter from NVS (Hqrs.) to ROs and displaying the same in Samiti's website AND Publishing of actual & deemed vacancies | 21 st December, 2015 |
| 02. | Issue of communication/letter by Regional Office to the Principal for information of all employees [By Email] | 23 rd December, 2015 |
| 03. | Intimation to all employees by the Principal | From 24 th December to 26 th December, 2015 |
| 04. | Filling up of transfer application form by all employees and checking thereof at JNV level on daily basis | From 27 th December to 18 th January, 2016 |
| 05. | Submission of application form to the Regional Office by JNVs | Latest by 21 st January, 2016 |
| 06. | Checking of data and preparation of compiled statement in prescribed format at RO level | From 22 nd January, 2016 to 31 st January, 2016 |
| 07. | Submission of requisite data to NVS (Hqrs.) by RO | By 1 st February, 2016 without fail |
| 08. | Processing at NVS (Hqrs.) level | From 2 nd February to 5 th March, 2016 |
| 09. | Display of proposed transfer list | 15 th March, 2016 |
| 10. | Submission of comments by the concerned employee, if any, to the Regional Office | On or before 31 st March, 2016 |
| 11. | Compilation of the aforesaid comments at RO level and its submission to NVS (Hqrs.) | By 11 th April, 2016 |
| 12. | Processing at Hqrs. for preparation of final transfer list | By 30 th April, 2016 |
| 13. | Issue of final transfer order by NVS (Hqrs.) | 10 th May, 2016 |
| 14. | Joining of employees at the transferred place | On or before 30 th May, 2016 |

7.1 Prescribed formats as mentioned in Para No. 3 are enclosed. A soft copy of the same is also being sent to all the Regional Offices. It is requested that necessary action may be taken to inform all concerned and the time schedule for various activities stated under para 6 be strictly followed.

7.2 Important points to be noted for compliance:

- i) The employee should apply for request transfer in the prescribed format i.e. Format-I & Format-III as the case may be. No other format should be entertained.
- ii) The employee should be responsible for correctness of the data. His / her transfer will be cancelled at any stage if it is found to have been done on wrong information.
- iii) Employee seeking transfer on spouse ground has to produce certificate from the concerned department in support of his/her working spouse.
- iv) Employee seeking transfer on medical ground for self, spouse and children has to produce medical certificate in support of the disease.
- v) Employee seeking transfer on ground of disability has to produce disability certificate issued by the Competent Authority.
- vi) Details of service particulars including transfer counts and displacement counts, certificate relating to working spouse, serious disease & physical disability have to be invariably checked at the Vidyalaya level by the Principal and at regional level by the Deputy Commissioner.
- vii) It must be made clear to all concerned that except Annual Transfer Drive, no application for transfer shall be entertained. In case any one submits any application other than the Annual Transfer Drive, the same shall be returned to the concerned employee at the Vidyalaya /Regional Office level itself. However, employees suffering from extreme ailments who cannot wait for the next Annual Transfer Drive may submit their application through proper channel to HQrs.
- viii) Transfer applications received after the due date of submission shall be summarily rejected.
- ix) Format No.:I & III are to be filled up by the individual employee at Vidyalaya level. Format No.:II & IV which are summary of Format I & III may be filled up at JNV level with due care and counter checked at Regional Office level before submission to HQrs. Similarly, Format No. V, VI & VII will also be filled up initially at Vidyalaya level and counter checked at Regional Office level.
- x) The **prescribed formats should not be changed** at any level in any circumstances.



- xi) In order to arrive at the requisite period of stay for determining eligibility for request transfer in respect of employees serving in hard & difficult stations, period served without any break prior to the present place of posting shall be added to the duration of the present station in the post. For example, Mr.X presently serving at JNV Lohit had served at JNV Mamit immediately prior to his joining at JNV Lohit. In such case, tenure of JNV Mamit & JNV Lohit is to be added together for computing Transfer Count.
- xii) Regional Offices should widely circulate this letter to all concerned through e-mail with immediate effect and also display the same on their website. Though the copy of Formats are enclosed this letter, they are separately being sent through e-mail in Excel Format.
- xiii) JNV should also furnish one copy each of all formats [I to VII] duly filled in to NVS HQ in soft copy in the E-mail address (nvsatdestt1@gmail.com). Format No. I & III (i.e. the request application form) should be given in scanned copy. Rest of the formats is to be given in Excell Format only.
- xiv) The number of transfer data in respect of each post should agree / tally with the number of employees in position in the said post as on 31st December 2015.

This issues with the approval of the Competent Authority.

Yours faithfully,



[B.C. Panda]

Assistant Commissioner [Estt.I]

Encl.: As stated above. [13 pages]

Copy to: AC (Admn.), NVS (Hqrs.), Noida – with the request to display this letter in the Samiti's website for information of all concerned.

Part "A"
Navodaya Vidyalaya Samiti
Personal Details of JNV Staff

(Mandatory for All Employees & All Field Should Be Filled In the CAPITAL LETTER)

01. Name of Employee : _____
02. Designation (with Subject) : _____
03. Contact No. : _____
04. (i) Date of Birth* : _____
(ii) (Age as on 01.01.2016) : Year(s)_____ Month(s)_____ Days(s)_____
05. Date of retirement [DD/MM/YYYY] _____
06. Home District and State as : (i) State : _____
Declared in Service record (ii) District : _____
07. JNV where presently working : (i) Desig. : _____
(ii) D-O-J : _____
(iii) Region : _____
(iv) State : _____
(v) District : _____
08. Date of Joining in NVS : (i) Desig. : _____
(ii) D-O-J : _____
09. Details of service in NVS : (if necessary plz. attach white "A4" size)

| Sl. No. | Post | Place of posting | Duration | | Reasons for change of place of posting (Promotion/Direct Rectt./ Request transfer / Transfer on Admn. Grounds etc.) |
|---------|------|------------------|----------|----|---|
| | | | From | To | |
| 01. | | | | | |
| 02. | | | | | |
| 03. | | | | | |
| 04. | | | | | |

10. (i) Whether served in N.E.R./Hard/: [Yes/No] _____
Very Hard station, if yes, please mention the period of working From_____ To_____
- (ii) If leave for more than 30 days : From_____ To_____
at a stretch availed, should be Indicated.
11. Reason for last transfer, if any? : _____
(Whether administrative or any other _____

ground, please specify). _____

12. Details of request transfer, if any : **2013** : _____
 Availed during preceding three years **2014** : _____
2015 : _____

13. Whether Joined against Spl. Rectt. Drive: **[Yes/No]** _____ **Year** _____
 for/NER/Hard/V. Hard & difficult areas.

14. Suffering from diseases, if any **(as mentioned in Transfer Policy)**

| Who is suffering (Self, Spouse & Child) | Disease (As mentioned in the transfer policy) [Plz. tick (✓) against the disease] | | | | | | | Certificate attached (Yes/No) |
|---|--|---------------|------------------|--------------------------|-------------|-------------|--------------|-------------------------------|
| | Carcinoma (Cancer) | Renal Failure | Paralytic Stroke | Heart (CABG/Angioplasty) | Thalassemia | Parkinson's | Motor-Neuron | |
| | | | | | | | | |

15. If having working Spouse **[Plz. tick (✓) where working. If not, mention "N.A."]**

| Name | Designation | JNV | | | Central Govt. | State Govt. | Others | Certificate by the Competent authority should be attached (Yes/No) |
|------|-------------|-------|----------|--|---------------|-------------|--------|--|
| | | State | District | | | | | |
| | | | | | | | | |

16. Disabled Category: (if applicable, plz. fill)

| Sl. No. | Category of disability | % of disability | Certificate attached (Yes/No) | Remarks (if any) |
|---------|------------------------|-----------------|-------------------------------|------------------|
| 01. | OH | | | |
| 02. | VH | | | |
| 03. | HI | | | |

17. Is declared surplus? : **[Yes/No]** _____

18. Choice JNV for Request Transfer **(only 3 choice to be given)**

[Those who do not want request transfer; they need not fill up this]

(1) RO : _____ State : _____ JNV/Distt. _____

(1) RO : _____ State : _____ JNV/Distt. _____

(1) RO : _____ State : _____ JNV/Distt. _____

***[For date: two digits; For month: first three alphabets; For year: four digits (for example: 10Apr1959)].**

***[For wrong information concerned employee will be penalized]**

Signature of the Employee

Part-B
Calculation of Transfer Count
(For employees desiring request transfer)

| 19. | Calculation Of Transfer Count: Factors. Allot Points For Applicable Factors Only And Write NA For Not Applicable Factors | Points To Be Allotted | Total Counts |
|---|---|--|-----------------|
| 1 | Active Stay at in the present post at present station as on 1 st January-2016. Periods of continuous absence from duty of 30 days or more on any account shall not be counted. | +02 for each complete year | |
| 2 | Annual Performance Appraisal Report Grading for the last three years. If the report for any of the last three years is not written or is unavailable no point shall be given for the relevant year(s). | +02 for outstanding grading for each year | |
| 3 | Spouse, if working in NVS at the requested station. OR If working in JNV of the adjoining District of requested station. (In case both are in same cadre/subject/post). | +15 +15 | |
| 4 | Spouse, other than NVS if working at the requested station or in its adjoining District : (i) In Central Govt./Organization. (ii) In State Govt./Organization. | +10 +05 | |
| 5 | DFP/DFR* Cases (+10 for each case; maximum 20 points) | +20 | |
| 6 | Woman employee Clarification: Women employees eligible for points under serial no.3, 4 & 5 herein above shall not be eligible for the points. | +05 | |
| Total No. of Transfer Count >> | | Total Score of All The Points | |

* **DFR** = Death of Spouse/Child if occurred in last 12 months prior to the 01st January-2016.

* **DFR** = Due For Retirement within next 03 years from 01st -January-2016.

Signature of the Employee

Part-C
Calculation of Displacement Count
(Mandatory for All Employees)

| 20. | Calculation Of Displacement Count: Factors. Allot Points For Applicable Factors Only And Write NA For Not Applicable Factors | Points To Be Allotted | Total Counts |
|---|--|--------------------------------------|-------------------------|
| 1 | Stay at a station in the same post as on 1st January in complete years Clarification: ❖ Period of absence from duty 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 very hard station), the stay of such an employee at X shall be no. of years spent after coming at X. However, if an employee returns to station after mandatory period of three years (two years for very hard station) the stay shall be counted afresh. | +02 points for each completed year | |
| 2 | Annual Performance Appraisal Report Grading for the last five years. If the report for any of the last three years is not written or is unavailable no point shall be given for the relevant year(s). | +02 for each below benchmark grading | |
| 3 | Employees below 50 years (as on 1st Jan.-2016 of the year) who have not completed one tenure at hard/very hard/NE stations. | +08 | |
| 4 | DFR/DFP/MG cases (-10 for each case maximum-20) | -20 | |
| 5 | Spouse, of Central/State Government/PSU employee other than NVS and posted at the same station | -05 | |
| 6 | Physically challenged employee (as defined in Annexure-II) | -20 | |
| 7 | Employee who is spouse of a NVS employee and a) Posted in the same State b) Posted at the same station | -10 -20 | |
| Total No. of Displacement Count >> | | Total score of all the points | |

Part- D : Declarations And Certificates

| 21 | <u>Declaration For Working Spouse</u> |
|----|--|
| | <p>I, _____(name of the Employee) solemnly declare that my spouse _____(Name) is presently employed at _____(Name of JNV/District) which is my <u>present station/choice station(s)</u> (Strike out whichever is not applicable). The spouse is employed in Navodaya Vidyalaya Samiti/government sector (strike out whichever is not applicable) as _____ (Designation of the spouse).</p> <p>Date: _____ Signature of the Employee</p> |

Medical Certificate

(To avoid disqualification, please do NOT use abbreviation. Fill it with CAPITAL LETTERS only. Please do not attach any enclosure except where specifically asked for)

Name of Patient :

Relation of patient with the employee(self/spouse/son/daughter) :

Address :

Date :

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms _____ aged _____ Sex _____ son/daughter/wife/husband of Shri/Smt. _____ (name of JNV 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:

A. In case of Carcinoma (Cancer) :

1. Name of Carcinoma with site affected.
2. Date when it was detected first
3. 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 :

B. In case of Renal Failure :

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 :

C. In case of Loss of Muscle Power (Paralytic Stroke) :

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.

D. In case of Heart Diseases :

1. Name of the surgical procedure undergone. CABG/Angioplasty.
2. Date of Surgical procedure.
3. Name of Doctor – Surgeon
4. Name of Hospital.

E. In case of Thalassaemia :

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 :

(Signature of Signing Authority)

Name

Name of the Deptt.

Name and signature of patient Name of Hospital

Place

Date

Seal

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.

| | | |
|----|---------------------------------------|--|
| 23 | Signature of the Employee ** | |
| 24 | Signature of the Principal | |
| 25 | Signature of the AC (Admn.) | |
| 26 | 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, mandatory if Part B is left blank. The school shall fill up Part A and C if employee is not present or not available otherwise and forward the same to the NVS (However, this is not applicable for current year).**

Navodaya Vidyalaya Samiti, Regional Office.....

Request Transfer & Also the details of the Employee who are not seeking the Request Transfer of Vidyalaya Cadre – 2016

| Sl. No | Present place of posting of the employee | | | Name of the employee | Designation (At present) | Date of Birth [DD/MM/YY] | Age as on 01/01/2016 | DOJ in Present post in Present JNV* [District] | Date of Retirement [DD/MM/YY] | Joining in NVS* | | | Length of service in present station (JNVs) as on 01/01/2016 | Length of service NVS as on 01/01/2016 | Sex (Male/Female) | Home Town | | Total Transfer count | Total Displacement count | Physical Handicapped | | Suffering from serious disease / dependent (Only Spouse & Children) | | Served in Hard Station earlier (Yes/No) | | If appointment on Spl. Rectt. Drive for NER / Hard / Very Hard Station then year of Recruitment may be stated | Choice Place for request transfer (in three choices. Those will be available it will be given) | | | Spouse working in Samiti | | | Status (Applied/Not Applied) | Remarks (if any) | | | | | | | | | | | | | | | | | | |
|--------|--|-------|----------------|----------------------|--------------------------|--------------------------|----------------------|---|-------------------------------|----------------------------|--------|-------|--|--|-------------------|----------------|-------|----------------------|--------------------------|----------------------|--------|---|------------------|---|-------------------------------|---|--|------|----|--------------------------|------|-------|------------------------------|------------------|----------|-------|----------|-------|----------|------------|-------|----------|------|-------------|--|--|--|--|--|--|--|--|
| | Regional Office | State | JNV [District] | | | | | | | Date Of Joining [DD/MM/YY] | Region | State | | | | JNV (District) | State | | | District | Yes/No | %(in figure) | Who is suffering | Disease (As per the transfer policy) | Certificate attached (Yes/No) | | Yes/No | From | To | Particular | Year | State | | | District | State | District | State | District | Department | State | District | NAME | DESIGNATION | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* For date: two digits : For month : first three alphabets : For year : four digits (for example : 10Apr1959).

**[For wrong information concerned employee will be penaltied]

Particulars verified and found correct.

Deputy Commissioner:

**Application for Request Transfer of Regional Language Teachers
(Other than English & Hindi) for the year 2016**

01. Name : _____
02. Designation : _____
03. (i) Date of Birth* : _____
 (ii) (Age as on 01.01.2016) : Year(s)_____ Month(s)_____ Days(s)_____
04. Contact No. : _____
05. Date of retirement [dd/mm/yy] : _____
06. Sex (Male/Female): : _____
07. JNV where presently working : (i) D-O-J : _____
 (ii) Region : _____
 (iii) State : _____
 (iv) District : _____
08. Originally recruited by which RO: _____
09. Completed tenure of stay at : Year(s)_____ Month(s)_____ Days(s)_____
 present station as on 01st Jan-2016
10. Details of posting during last five (05) years.

| Sl. No. | RO | State | JNV (Distt.) | Period | | Remarks (if any) |
|---------|----|-------|--------------|--------|----|------------------|
| | | | | From | To | |
| 01. | | | | | | |
| 02. | | | | | | |
| 03. | | | | | | |
| 04. | | | | | | |
| 05. | | | | | | |

11. Home Town : (i) State : _____
 (ii) District : _____

12. Detailed Particulars of Spouse working in Samiti:

| Name | Designation | Posting in JNV | | Posting in other department (Desig., Department, District) | Working Since (Year only) | Certificate of Employer to be attached (Yes/No) |
|------|-------------|----------------|--------|---|------------------------------|---|
| | | State | Distt. | | | |
| | | | | | | |

13. Disabled Category: (if applicable, plz. fill)

| Sl. No. | Category of disability | % of disability | Certificate attached issued by the Competent authorities (CMO) (Yes/No) | Remarks (if any) |
|---------|------------------------|-----------------|---|------------------|
| 01. | OH | | | |
| 02. | VH | | | |
| 03. | HI | | | |

14. Choice JNV for Request Transfer (Only 3 choice to be given)

(1) RO : _____ State : _____ JNV/Distt. _____
 (1) RO : _____ State : _____ JNV/Distt. _____
 (1) RO : _____ State : _____ JNV/Distt. _____

*[For date: two digits; For month: first three alphabets; For year: four digits (for example: 10Apr1959)].

*[For wrong information concerned employee will be penalized]

(Signature of Applicant)

Verification by Principal/Regional Office

Above particulars are verified and found correct.

(Signature of Principal of the JNV)

(Counter signed by Deputy Commissioner of the RO)

Navodaya Vidyalaya Samiti, Regional Office.....
Detailed particulars of Regional Language Teachers who have completed 5 years of stay or more as on 01.01.2016
(To be furnished by Regional Office POST WISE)

| Sl. No | Present place of posting | | | Name of the Employee | Designation | Date of Birth | Age as on 01/01/2016 | Date of joining in present JNV* | Length of service in present station (JNVs) as on 01/01/2016 | Date of Retirement [DD/MM/YY] | Home Town as per the Service record | | Sex (M/F) | Recruited Originally by which RO | Detailed particulars of Spouse working in Samiti | | | | | | | Exemption if any & ground thereof | Remarks (if any) |
|--------|--------------------------|-------|----------|----------------------|-------------|---------------|----------------------|---------------------------------|--|-------------------------------|-------------------------------------|----------|------------|----------------------------------|--|-------|----------|------|-------------|---------------|---|-----------------------------------|------------------|
| | Region | State | District | | | | | | | | State | District | | | Department | State | District | Name | Designation | Working since | Certificate of employer to be attached [Yes/No] | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | | | | | | | | | | | | | | | | | | | |
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* For date: two digits : For month : first three alphabets : For year : four digits (for example : 10Apr1959).

**[For wrong information concerned employee will be penaltied]

Particulars verified and found correct.

Deputy Commissioner:

Navodaya Vidyalaya Samiti, Regional Office.....
 Performa for willingness for posting to N.E.R/Hard/Very Hard Station-2016

| Sl. No. | Name of Teacher | Designation | Name of JNV presently posted (District only) | | | Date Of Birth [DD/MM/YY] | Joining in NVS* | | | | Date of Joining in present JNV [DD/MM/YY] | No. of Years, Month & Days Completed in present JNV as on 01/01/2016 | No. of Years, Month & Days Completed in NVS As on 01/01/2016 | Home Town as per the Service record | | Sex Male/Female | Choice Place for request transfer (in five choices. Those will be available it will be given) | | | | | If intends to seek transfer with spouse working in NVS & other than NVS | | | | | | | Remarks (if any) | | | | | | |
|---------|-----------------|-------------|--|------------|----------|--------------------------|----------------------------|--------|-------|----------------|---|--|--|-------------------------------------|----------|-----------------|---|--------|-------|--------|-------|---|-------|----------|------|-------------|---------------|---|------------------|------------|----------------|------------|----------------|------------|----------------|
| | | | Region | State / UT | District | | Date Of Joining [DD/MM/YY] | Region | State | JNV (District) | | | | State | District | | First | Second | Third | Fourth | Fifth | Department | State | District | Name | Designation | Working since | Certificate of employer to be attached [Yes/No] | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State / UT | JNV [District] | State / UT | JNV [District] | State / UT | JNV [District] |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* For date: two digits : For month : first three alphabets : For year : four digits (for example : 10Apr1959).

**[For wrong information concerned employee will be penaltied]

Particulars verified and found correct.

Deputy Commissioner:

