

Performa for willingness for posting to N.E.R./Hard/Very Hard Station

Sl. No.	Name of Teacher	Post held	Name of JNV presently posted	DOJ in present JNV	DOB	Home District	Sex M/F	Choice place of posting in order of preference					If intends to seek transfer with spouse working in NVS, then please write the Name, Designation and JNV, where spouse is working at present.	Remarks	
								1	2	3	4	5			
1															
2															
3															
4															
5															

PART "A"
NAVODAYA VIDYALAYA SAMITI
PERSONAL DETAILS OF JNV STAFF
(Mandatory for all Employees)

1. Name of Employee _____
2. Designation
(with Subject) _____
3. Contact No. _____
4. (i) Date of Birth (dd/mm/yy) _____
(ii) (Age as on 01.01.2014) _____
5. Home District and State as
Declared in Office record
(i) District _____
(ii) State _____
6. JNV where presently working
(i) District _____
(ii) State _____
(iii) Region _____
7. Date of Joining in NVS in present post _____

8. Details of service in NVS

S.No.	Post	Place of posting	Duration of staff		Reasons for change of place of posting (Promotion/Direct Rectt./Request transfer/Transfer on Admn. Grounds etc.)
			From	To	

9. (i) Whether served in NE/Hard/
Very Hard station (Yes or No) _____
(ii) If yes, please mention the period
of working? _____
(iii) If leave for more than 30 days
at a stretch availed, should be
Indicated. Period from _____
To _____
10. Reason for last transfer, if any?
(Whether administrative or any other
ground, please specify). _____
11. Date of retirement _____
12. Details of request transfer, if any availed
during preceding three years (i.e.
2011-12, 2012-13, 2013-14) _____
13. Joined against Spl. Rectt. Drive for NER/
Hard & difficult areas (Yes/No). _____
14. Choice JNV for Request Transfer
in order of preference (1) JNV/Distt./RO _____
(2) JNV/Distt./RO _____
(3) JNV/Distt./RO _____

NB: (Those who do not want request transfer; they need not fill up this column).

**Part B : CALCULATION OF TRANSFER COUNT
(For employees desiring request transfer)**

15.	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 as on 1 st January. 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 in government sector at the requested station or its adjoining District	+05	
5	DFP/MG/DFR Cases (+10 for each case; maximum 20 points)	+20	
6	Completion of tenure in hard/NER stations/Very hard stations. Points shall be given only when an employee applies for transfer after completing the tenure at hard/very hard/NER station(s).	+12	
7	Physically challenged employee 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 in the same post	+10	
8	Woman employee Clarification: Women employees eligible for points under serial no.3, 4 & 5 herein above shall not be eligible for the points.	+05	
	Transfer Count	Total score of all the points	

Part C : CALCULATION OF DISPLACEMENT COUNT
Mandatory for all employees

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 1 st 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 1 st January 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	
	Displacement count	Total score of all the points	

PART- D : DECLARATIONS AND CERTIFICATES

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DECLARATION FOR WORKING SPOUSE

I, _____ (name of the Employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of JNV/District) which is my present station/choice station(s) (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).

Date:

Signature of the Employee

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 and signature of patient

Name
Name of the Deptt.
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.

19	Signature of the Employee **	
20	Signature of the Principal	
21	Signature of the AC (Admn.)	
22	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).

Format-III
Navodaya Vidyalaya Samiti, Regional Office:
Request Transfer of Employees of Vidyalaya cadre- 2014

Post: _____ Subject: _____

Sl. No.	RO	NAME OF THE EMPLOYEE	DESIGNATION	JNV	DOJ IN NVS (DD/MM/YY)	DOJ IN PRESENT POST IN PRESENT JNV (DD/MM/YY)	Length of Service in present station as on 01.01.2014	SE X	HOME DISTRICT	TOTAL TRANSFER COUNT	TOTAL DISPLACEMENT COUNT	Whether eligible for transfer	Places of Choice	IF APPOINTMENT ON \SPL. Rectt. DRIVE FOR NE R-HARD-VERY HARD STATION THEN YEAR OF RECRUITMENT MAY BE STATED	REMARKS		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Instructions for filling up the format:																	
1	Information should be given post wise in separate sheet. Hence designation column need not to be filled up.																
2	All fields in this format should be filled in Capital letter. No special character (ie fullstop, comma, bracket etc) is to be given.																
3	Date should be given in the format i.e. DD/MM/YY																
4	Request transfer count should be only for those who seek transfer on request																
5	Displacement count should be for all, whether applied or not applied.																
6	Authenticity / correctness of all details in the prescribed format including transfer count and displacement count should be the responsibility of the Regional Office. H.O.s. will not be responsible for any transfer on wrong information / data.																

Format-IV

Application for Request Transfer of Regional Language Teachers (Other than English & Hindi) for the year 2014

1. Name:

2. Designation:

3. Present JNV:

4. (a) Date of Joining in Present JNV:

(b) Completed tenure of stay at present station as on 01.01.2014:

5. Details of posting during last five years.

S.No.	JNV	Period	
		From	To

6. Originally recruited by which Regional Office:

7. (a) Date of Birth:

(b) Age as on 01.01.2014:

8. Sex (Male/Female):

9. Home District:

10. Detailed Particulars of Spouse working in Samiti:

Name	Designation	Place of posting	Working Since

r1. Choice Place of Posting:

- (i)..... (ii).....
(iii).....

(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)

FORMAT V
Navodaya Vidyalaya Samiti, Regional Office:
CONSOLIDATED LIST OF TRANSFER OF REGIONAL LANGUAGE TEACHERS FOR THE YEAR 2014

S. No.	Name of the Employee	Designation	Present JNV	Present region of Posting	Date of Joining in Present JNV [DD/MM/YY]	Date of Birth [DD/MM/YY]	Sex	Home District (with State)	Detailed Particulars of Spouse Working in Samiti			Choice Place for Request Transfer			Mandatory Period Completed (Y/N)	Posted outside Native State	Spouse in same JNV/nearby JNV	Spouse at/near requested place	Posted in the region of Original Recruitment (Y/N)	Whether Eligible for transfer?
									Name	Designation	Place of Posting (JNV Dist. (State))	Working Since	1st JNV Dist. (State)	2nd JNV Dist. (State)						
1																				
2																				
3																				
4																				
5																				
6																				
7																				
Instructions for filling up the format:																				
1 Information should be given post wise in separate sheet. Hence designation column need not to be filled up.																				
2 All fields in this format should be filled in Capital letter. No special character (ie fullstop, comma, bracket etc) is to be given except date.																				
3 Date should be given in the format i.e. DD/MM/YY																				
4 Only district should be mentioned against JNV, not the Village name. Spelling of the district name should be as given in the annual report.																				
5 Request transfer count should be only for those who seek transfer on request.																				
6 Displacement count should be for all, whether applied or not applied.																				
7 Authority / correctness of all details in the prescribed format including transfer count and displacement count should be the responsibility of the Regional Office. HQs. will not be responsible for any transfer on wrong information / data.																				

