

OFFICE OF THE DIRECTOR OF MEDICAL EDUCATION : ANDHRA PRADESH : VIJAYAWADA.

Rc.No.Spl/DME /E11B/ Transfers/ 2022 Dt.25.02.2022.

Sub: DME – General Transfers -2022 – Transfer of Regular Employees in DME – Transfers portal – Opened – employees submit their transfer applications through online transfers portal - Certain instructions – Issued –Regarding.

Ref: 1. G.O.Rt.no.128 HM&FW (B1) Department Dt.24.02.2022
2. G.O.Rt.no.40 HM&FW (B1) Department Dt.28.01.2022
3. G.O.Rt.no.41 HM&FW (B1) Department Dt.29.01.2022

All the Principals of Government Medical Colleges / Superintendents of Teaching Hospitals / Nursing Colleges / Nursing Schools in the State are hereby informed that employee transfers applications online portal is opened. They are requested to issue necessary instructions to the employees working under their control to choose options for transfer at their choices of 20 places. The transfers of the employees may be considered as per the priorities and availability of vacancies, according to their preferences. They are also requested to issue instructions to the employees to upload all the necessary documents for considering their requests.

The transfer application may be uploaded by the employees from 25.02.2022 to 03.03.2022 upto 05.00 PM.

Hence all the Principals / Superintendents in the State are requested to inform the employees under their control immediately.

This should be treated as most urgent and any deviation of the instructions will be viewed seriously and action will be initiated against the defaulters.

The option form submitted online to be downloaded and should be submitted the same to the office of the Director of Medical Education duly counter signed by the respective Head of the institutions. For any grievances and Redressal you are requested to contact the following Phone number relating to transfers during office hours.

Phone Number: 0866-2974081

Sd/- Dr.M.Raghavendra Rao
Director Medical Education

To

All the Principals /Superintendents in the State.

Copy submitted to the Principal Secretary to Government, HM&FW Department.

Copy submitted to the Commissioner, Health and Family Welfare, Mangalagiri, Guntur District.

DECLARATION BY THE EMPLOYEE APPLYING UNDER SPOUSE

I, Dr/Sri/ Smt.....

(Name)..... (Designation) at..... (Place of Working), do here

by certify that I and my spouse have not availed spouse preferential category in transfers for the past 8 Years. If
any information is found false on later date I am liable for disciplinary or any other Suitable action.

Signature of the Employee.

Station
Date:

Signature of the Head of the Institution.

DEPENDENCE CERTIFICATE

This to Certify that Sri/SmtWho is the
Father/Mother/Son/Daughter of Dr/Sri/Smt (Name of the
Employee).....Working as (Designation) at GMC/GGH
..... (Place of
working).....Suffering from Cancer/Open Heart Operation/Neuro
surgical Operation/Kidney Transplantation. The above dependent person who is suffering from
.....(Disease) is wholly dependent upon the
Government Servant.

Signature of the Employee.

Station
Date:

Signature of the Head of the Institution.

DECLARATION BY THE EMPLOYEE APPLYING UNDER MEDICAL GROUNDS

I,Dr/Sri/Smt.....(Name).....(Designation) at(Place of Working), do here by certify that I and My spouse/Father/Mother/Son/Daughter are suffering from Cancer/Open Heart Operation/Neurosurgical Operation/Kidney Transplantation If any Information is found false on later date I am liable for disciplinary or any other Suitable action.

Signature of the Employee.

Station

Signature of the Head of the Institution.

Date: