

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

RC.No:6490/NA/2019

Dt: 03 -07-2019

Sub:- DME-AP-NA- Public Services- Human Resources- Transfers and postings of Employees- Request for Applications for Transfers and Postings - Reg

Ref:- 1) G.O.Ms.No.45, Finance (HR.I.Plg.&Policy) Department, dt.24-06-2019
2)G.O.Ms.No.318, HM&FW(B1)Department, dated 06.05.2017.
3)G.O.Rt.No.262 HM&FW(B1) Dept., Dt.01.07.2019 of the Govt. of AP.

The attention of all the Heads of the Institutions under the control of the Director of Medical Education, Andhra Pradesh Vijayawada are requested to obtain Transfer Applications from the Applicants in the enclosed format and furnish the same with signature of the competent authority in hard copy so as to reach in this office **on or before 05.07.2019** for taking further action in the matter from the following categories.

- 1) Principal and professor of Nursing.
- 2) Professor of Nursing.
- 3) Assistant Professor of Nursing
- 4) Lecturer of Nursing
- 5) Nursing Superintendent Gr.I
- 6) Principal Nursing Tutor.

The said information available at Director of Medical Education, A.P., Vijayawada official website <http://dme.ap.nic.in>.

Sd/- Dr. K.Babji
Director of Medical Education

To
All the Principals of Government College of Nursing in the State.
All the Superintendents of Teaching Hospitals in the state
The CIO, O/o DME, AP., Vijayawada with a request to upload the above information in DME Official website.
Copy to the Spare.

APPLICATION FOR GENERAL TRANSFERS 2019

As per G.O.Ms.No.45, Fin (HR.I.PLG. & Policy) Dept., Dated.24.06.2019 & G.O.Rt.No.262 HM&FW[B1]Dept,dt:01.07.2019

1	Name of the faculty					
2	Designation & speciality					
3	Employee ID No. /CF,MS No.					
4	Place of working					
5	Date of Birth					
6	Date of Superannuation					
7	Date from which working in the present station including all cadres. Station means place [city/ town/ village] of actual working for the purpose of transfers and not office or institution					
8	Date from which working in the present station (in all cadres) as on 24.06.2019					
9	No of years completed in the present station in all cadres as on 24/06/2019.	Years	Months	Days		
10	If Transfer request is on disability (40%) VH, HH, PH grounds (Specify clearly enclose latest certificate from competent Authority)					
11	Is transfer request is on mentally challenged childre, grounds (enclose latest certificate from competent authority)					
12	Whether the applicant/ spouse/ dependent children /dependent parents are suffering from cancer, open heart operation, Neurosurgery, Kidney transplantation seeking transfer to where such facilities are available[Medical record with certificate issued by the authority should be enclosed]	Yes / No				
13	Are you a office bearer of a recognized employees Association. As per Circular Memo.No.245/ SW/ A1/ 14GA [SW] Dept:16.09.2014 and 17225/ SW/A1/2014-1 of GA[SW] Dept, dated: 27.09.2017. Enclose documentary proof of election and term in all post of cadre					
14	Whether you are a widow appointed on compassionate grounds. [enclose documentary evidence]					
15	Is request transfer is on any other grounds					
16	Request for place of posting on transfer					
17	Whether any charges/ACB/Vigilance cases pending .[If so furnish details] against applicant					
18	Are you Visually challenged employee requesting for exemption from transfer (required documents to be enclosed)	Yes / No				

I hereby declare that the above particulars furnished by me are correct and I am liable for disciplinary action for any wrong information submitted above.

Signature of the applicant

Certified that the particulars submitted by the applicant are verified and found correct as per the records available in this office and the application of the above doctor is forwarded for General transfer 2019 after having fulfilled the conditions stipulated in the Government orders.

Signature of the competent Authority
Name & Designation with office seal

Sd// - Dr. K. Babji
Director of Medical Education