

(Permanent) Employee Details [Form B]

Name of the Institution:

Name of the post (& No of sanctioned post)

1	Name of the person holding the post	
2	Remarks on Post/Appointment	Against another post / Supernumerary/ Temporary Appointment/ Temporary shifted post/ Under disciplinary action
3	Date of Birth	
4	Spark PEN	
5	AG's Ent. No (in case of GO)	
6	Date of joining in the Tech. Edn Dept	
7	Date of joining as GO	
8	Order No & date of present posting On public interest / request	
9	Native/Settlement Station & District	
10 (i)	Whether the husband/ wife of the incumbent is a public servant	Yes / No
(ii)	Place/district where the Spouse is employed	
11	Whether the incumbent deserves protection against any of the following?	The present appointment is through DRB
		SC/ST
		Relative of Jawan
		Inter Caste Marriage
		Physically Challenged
		Parents of Mentally Retarded/ Deaf and Dumb children
		President/ Secretary of recognized service association
		Undergoing part time Diploma/ Degree/PG with NOC from DTE (within the duration of course)
		Ex-service Men
		Widow/Widower
		Spouse / son / daughter of Freedom fighter, who look after freedom fighter
		NCC Officers
12	Remarks (if any)	

[illegible]

I, hereby declare that the details furnished above are true and that I will be personally responsible if they are found to be incorrect.

Date:

Signature of the Head of Office

DIRECTORATE OF TECHNICAL EDUCATION
APPLICATION FOR TRANSFER [Form-B]

1	Name	
2	Designation	
3	Contact details (Phone.Mobile/email)	
4	Choice of Institution / Office	
	1.	
	2.	
	3.	
	4.	
	5.	
5	Ground on which transfer sought	
6	Any other relevant information	
7	My transfer application should be considered only if I will be transferred from my current institution/office [Upon request of others]. (Strike out, if not applicable)	

DECLARATION

I, do hereby
 declare that I will be personally responsible if the information provided are found to be
 incorrect.

Signature of the Applicant:

Date:

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OFFICE USE

Recommended / Not Recommended due to

Dated Signature of the Head of institution

Date :

(Office Seal)