

<div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-bottom: 5px;"> ಕರ್ನಾಟಕ ಸರ್ಕಾರ Govt of karnataka </div> <div style="text-align: center; margin-bottom: 5px;"> Department of AYUSH </div> </div> <div style="text-align: center;"> APPLICATION FOR SEEKING POSTING/TRANSFER -2026 </div>					
I request you to provide me an opportunity to select, through counselling, any one of the _____ vacant _____ posts _____ (Vide _____ Notification number _____ dated _____), and _____ available at the time of counselling					
1.KGID number of the Employee as in HRMS					
2.Name of the Employee					
3.Designation					
4.Date of entry into service(Permanent)		____/____/____		5.Gender: MALE FEMALE	
6. probationary period declared		YES NO		7.Date of Birth: ____/____/____	
If YES order No &date:					
8.Home or Office Address for Commuication					
PIN Code					
Email Id					
Mobile Number					
Residence TEL NO					
9.Current Working details					
Post Held	Name of the Institution	City/Town/Village	Taluk	District	Working in this place since

10.PAST SERVICE DETAILS (Starting from date of first Regular Appointment)							
Sl No	Post Held	Name of the Institution	City/Town/Village	Taluka	District	From date	To date
1							
2							
3							
4							
5							
6							
7							
8							
9							

10	Medical Officer or Staff or spouse or child declared as dependent Suffering from Terminal illness or Serious ailments	YES	NO
If YES, enclose the certificate issued by the District Medical Board			
11	Pregnant or a female medical officer or staff with a child of less than one year of age.	YES	NO
If YES, enclose the certificate issued by the District Medical Board			
13	medical officer or staff who are due to superannuation within two years	YES	NO
If YES, enclose the certificate issued by the DDO			
14	Medical Officer/Staff or Spouse Or Child of the medical Officer or the Staff with Disability of 40% or More	YES	NO
If YES, enclose the certificate issued by the District Medical Board			
15	Widow or widower or divorcee Medical Officer or Staff with Children Less than 12 Years of Age	YES	NO
If YES, enclose the certificate issued by Death Certificate of the Spouse and Magistrate Affidavit regarding not having remarried			
16	Medical Officer or the Staff being married to an employee of a Central Government or State Govt or Aided Institution	YES	NO
If YES, enclose the			

	certificate issued by the appointing authority or the DDO of the Spouse
17	EMPLOYEE DECLARATION
	<p>I hereby declare that the details provided in this form are true and correct to the best of my knowledge if false information is provided, I shall be liable disciplinary action major penalty as per the provision of the Karnataka Civil Services (Classification, control and Appeal) Rules,1957.</p> <p>Date: _____ (Signature of employee)</p>
18	DECLARATION OF THE HEAD OF OFFICE
	<p>I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct to the best of my knowledge and behalf. I am aware that if false declaration made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provision of the Karnataka Civil Services (Classification, control and Appeal) Rules,1957.</p> <p>Date: _____ (Signature of Head of office)/Seal</p>
19	DECLARATION BY DAO
	<p>I have verified the details filled up by the employee with the service records available in this office and have found that the details are true and correct to the best of my knowledge and behalf. I am aware that if false declaration made or false information is provided, I shall be liable for disciplinary action attracting major penalty as per the provision of the Karnataka Civil Services (Classification, control and Appeal) Rules,1957.</p> <p>Date: _____ (Signature of DAO)/Seal</p>