



**GOVERNMENT OF KERALA**

**DIRECTORATE OF GENERAL EDUCATION (HIGHER SECONDARY WING)**

**BY TRANSFER APPLICATION SERVICE CERTIFICATE**

Name of applicant		Date of joining in present district*	
Pen		Whether probation declared in present district*	
Date of Birth		Date of probation*	
Date of joining to present post		Probation order No and Date*	
Date of probation declared in present post		PSC Advice/Appointment Order No	
Probation order No and Date		PSC Advice/Appointment Order Date	
Teacher with inter district transfer *		PSC Advice/ Appointment Order SI No	
		Whether taken LWA during probation	
		LWA rejoin date	

**Note: \* is applicable only for Teachers with Inter District Transfer**

**DECLARATION**

Certified that, the details furnished by .....(Name of Applicant)who is working as.....(Designation) in this office have been verified by me with the service particulars as given in the Service Book of the applicant and found correct. His / Her Application for By Transfer to newly created post is recommended.

Place:.....

*Dated Signature of Head of Institution*

Date:.....

Office Seal

Name and Designation Seal