

नवोदय विद्यालय समिति
मानव संसाधन विकास मंत्रालय
का स्वायत्त संस्थान स्कूलशिक्षा एवं
साक्षरता विभाग, भारत सरकार)
बी-15, संस्थानिक क्षेत्र
सेक्टर-62, नोएडा-201307
(उ.प्र.)



NAVODAYA VIDYALAYA SAMITI
(An Autonomous Organization under
Ministry of Human Resource
Development, Department of School
Education & Literacy)
Govt. of India
B-15, Institutional Area, Sector-
62, NOIDA-201307(UP)

F.No. 3-2/2016-NVS (Admn)/39

Dated 21.04.2016

To,

The Deputy Commissioner,
Navodaya Vidyalaya Samiti
All Regional Offices

Sub:- Intimation about clear and deemed vacancies

Sir,

Your kind attention is invited towards this office letter No. 5-27/2015-NVS(Estt-II) dated 15.02.16 vide which Proforma's for Transfer's were circulated to you for Providing Transfer Data of NVS (Hqrs.)/RO Staff.

The clear and deemed vacancies of NVS Hqrs. and ROs for the post of Asstt. Commissioner (Acad), Asstt. Commissioner (Admn), Section Officer, Asstt., Audit Asstt., P.A.s, Stenographer, UDC, Computer Operator are enclosed herewith for kind perusal of the staff seeking transfer or fall under category of displacement.

You are requested to kindly circulate the vacancy position amongst all the employee posted in your Regional Office and obtain request transfer application from the employees who are willing for request transfer in the prescribed Proforma 'B' and forward the same to this office latest by 30.04.2016 through e-mail, hard copy of the same may also be send by speed post.

This may kindly be treated as **Most Urgent**.

Encl:- As above

Yours faithfully,

(P. Chaudhuri)

Asstt. Commissioner (Admn)

Copy to

1. All Officers of NVS, Hqrs. upto level of AC
2. Notice Board NVS Hqrs.- for information of NVS, Hqrs. staff

NAVODAYA VIDYALAYA SAMITI, HEADQUARTER, NOIDA(U.P.)

HEADQUARTERS / REGIONAL OFFICE DEEMED VACANCIES ARE AVAILABLE AS ON 28-03-2016

S. No.	Assistant Commissioner	Assistant Commissioner (Admn.)	Section Officer	Assistant	Audit Assistant	Personal Assistant	Stenographer	Upper Division Clerk	Computer Operator
	05 years (03 years in case of hard & North East Region)						10 years (03 years in case of hard & North East Region. 02 years for very hard & difficult station)		
1	2	3	4	5	6	7	8	9	10
1	-	HYDERABAD -1	JAIPUR - 1	BHOPAL -1	BHOPAL -2	BHOPAL -1	NOIDA -15	BHOPAL -2	CHANDIGARH - 1
2	-	PATNA -1	LUCKNOW - 1	CHANDIGARH -3	CHANDIGARH -2	HYDERABAD -1	BHOPAL - 4	CHANDIGARH - 2	HYDERABAD - 1
3	-	PUNE -1	PUNE - 1	HYDERABAD -2	HYDERABAD - 1	PUNE -1	CHANDIGARH -2	LUCKNOW - 2	JAIPUR - 1
4	-	NOIDA - 1	SHILLONG - 1	JAIPUR -2	JAIPUR -2	NOIDA - 10	HYDERABAD - 5	NOIDA - 5	LUCKNOW - 1
5	-	-	NOIDA - 2	LUCKNOW -2	LUCKNOW - 3	-	JAIPUR - 2	PUNE - 1	SHILLONG - 1
6	-	-	-	NOIDA - 8	PATNA - 1	-	LUCKNOW - 3	SHILLONG - 1	-
7	-	-	-	PATNA - 3	PUNE - 3	-	PATNA -2	-	-
8	-	-	-	PUNE - 3	SHILLONG -1	-	PUNE -2	-	-
9	-	-	-	SHILLONG - 3	NOIDA - 3	-	SHILLONG - 3	-	-

NAVODAYA VIDYALAYA SAMITI, HEADQUARTER, NOIDA(U.P.)

HEADQUARTERS / REGIONAL OFFICE ATCTUAL VACANCIES ARE AVAILABLE AS ON 28-03-2016

S. No.	Assistant Commissioner	Assistant Commissioner (Admn.)	Section Officer	Assistant	Audit Assistant	Personal Assistant	Stenographer	Upper Division Clerk	Computer Operator
1	2	3	4	5	6	7	8	9	10
1	NOIDA - 1	NOIDA - 1	BHOPAL - 1	BHOPAL -2	BHOPAL -1	JAIPUR - 1	NOIDA - 3	NOIDA -4	-
2	LUCKNOW - 1	-	LUCKNOW -1	CHANDIGARH -1	HYDERABAD - 2	PATNA -1	CHANDIGARH - 1	HYDERABAD -3	-
3	SHILLONG - 1	-	PATNA - 1	JAIPUR -2	PATNA - 1	SHILLONG - 1	JAIPUR -1	SHILLONG - 1	-
4	PUNE - 1	-	PUNE - 1	LUCKNOW -1	PUNE - 1	-	LUCKNOW -2	-	-
5	-	-	-	NOIDA - 2	SHILLONG -3	-	PUNE -1	-	-
6	-	-	-	PATNA - 2	-	-	-	-	-
7	-	-	-	PUNE - 1	-	-	-	-	-
8	-	-	-	HYDERABAD -2	-	-	-	-	-
9	-	-	-	SHILLONG - 2	-	-	-	-	-

PART "A"

NAVODAYA VIDYALAYA SAMITI

PERSONAL DETAILS OF NVS, HQRS. AND REGIONAL OFFICES' STAFF

(Mandatory for all Employees, Fill information should be filled in CAPITAL LETTER only)

01. Regional Office | H.Q. : _____
02. State : _____
03. Name of Employee : _____
04. Designation : _____
05. Contact No. : _____
06. (i) Date of Birth[DD/MM/YYYY] : _____
- (ii) (Age as on 01.01.2016) : Year(s)_____Month(s)_____Days(s)_____
07. Date of retirement [DD/MM/YYYY] : _____
08. Sex (Male/Female) : _____
09. Category(Gen./OBC/SC/ST) : _____
10. Home District and State as per : (i) State : _____
- service record (ii) District : _____
11. Post & date of initial joining in NVS : (i) Desig. : _____
- (ii) D-O-J : _____
- (iii) Hqrs./ROs: _____
12. Place of present posting (Hqrs./RO) : (i) Desig. : _____
- (ii) D-O-J : _____
- (iii) Hqrs./ROs: _____
13. Details of service from date of joining in NVS(Hqrs./ROs)cade :

Sl. No.	Post held	Place of posting (Hqrs./ROs/ JNV)	Duration		Reasons for change of place of posting i.e. Promotion/Direct Recruitment / Transfer on Request/Admn. Grounds etc.
			From [DD/MM/YY]	To [DD/MM/YY]	
01.					
02.					
03.					
04.					
05.					
06.					

14. (i) Whether served in Hard station: [Yes/No] _____
(Shillong Region), if yes, please
mention the period of working From _____ To _____

(ii) If leave for more than 30 days : From _____ To _____
at a stretch availed, should be indicated.

15. Suffering from diseases, if any (as indicated in the Transfer Policy notified by the Samiti)

Who is suffering (Self, Spouse or Child)	Disease (As mentioned in the transfer policy) [Plz. tick (✓) against the disease]							Enclose certificate issued by the Competent authority (Yes/No)
	Carcinoma (Cancer)	Renal Failure	Paralytic Stroke	Heart (CABG/Angioplasty)	Thalassemia	Parkinson's	Motor-Neuron	

16. If, spouse is also working in NVS furnish the details given below otherwise, mention "N.A."

Name of the Employer	Designation	Hqrs./RO/JNV			Plz. (✓)			Enclose certificate issued by the Competent authority (Yes/No)
		Hqrs./RO /JNV	State	District	Central Govt.	State Govt.	Others	

17. Disabled Category: (if applicable, plz. fill)

Sl. No.	Category of disability	% of disability	Certificate attached (Yes/No)	Remarks (if any)
01.	OH			
02.	VH			
03.	HI			

18. Choice for Request Transfer (only 3 choice to be given)
[Those who do not want request transfer; they did not need fill up this]

- (1) HQ/RO : _____ State : _____
 (2) HQ/RO : _____ State : _____
 (3) HQ/RO : _____ State : _____
 (4) HQ/RO : _____ State : _____
 (5) HQ/RO : _____ State : _____

[Signature of the Employee]

Part B : CALCULATION OF TRANSFER COUNT
(For employees desiring request transfer)

19.	Calculation of transfer count : Factors. Allot points for applicable factors only and write NA for not applicable factors	Points to be allotted	Points actually allotted
1	Active Stay at a station as on 1 st January. Periods of continuous absence from duty of 30 days or more on any account shall not be counted.	+02 for each complete year	
2	Annual Performance Appraisal Report Grading for the last three years. If the report for any of the last three years is not written or is unavailable no point shall be given for the relevant year(s).	+02 for out standing grading for each year	
3	Spouse, if working in NVS at the requested station. OR If working in JNV of the adjoining District of requested station. (In case both are in same cadre/subject/post).	+15 +15	
4	Spouse, other than NVS if working in government sector at the requested station or its adjoining District	+05	
5	DFP/MG/DFR Cases (+10 for each case; maximum 20 points)	+20	
6	Completion of tenure in hard/NER stations/Very hard stations. Points shall be given only when an employee applies for transfer after completing the tenure at hard/very hard/NER station(s).	+12	
7	Physically challenged employee If an employee has already secured a request transfer in previous year (s) on the basis of these additional points the points shall not given again in the same post	+10	
8	Woman employee Clarification: Women employees eligible for points under serial no.3, 4 & 5 herein above shall not be eligible for the points.	+05	
Transfer Count		Total score of all the points	

Part C : CALCULATION OF DISPLACEMENT COUNT
Mandatory for all employees

20.	Calculation of displacement count : Factors. Allot points for applicable factors only and write NA for not applicable factors	Points to be allotted	Points actually allotted
1	Stay at a station in the same post as on 1 st January in complete years Clarification: ❖ Period of absence from duty on any account shall also be counted for this purpose ❖ If an employee returns to a station X on request after being transferred from X within three years (two years for very hard station), the stay of such an employee at X shall be no. of years spent after coming at X. However, if an employee returns to station after mandatory period of three years (two years for very hard station) the stay shall be counted afresh.	+02 points for each completed year	
2	Annual Performance Appraisal Report Grading for the last five years. If the report for any of the last three years is not written or is unavailable no point shall be given for the relevant year(s).	+02 for each below benchmark grading	
3	Employees below 50 years (as on 1 st January of the year) who have not completed one tenure at hard/very hard/NE stations.	+08	
4	DFR/DFP/MG cases (-10 for each case maximum-20)	-20	
5	Spouse, of Central/State Government/PSU employee other than NVS and posted at the same station	-05	
6	Physically challenged employee (as defined in Annexure-II)	-20	
7	Employee who is spouse of a NVS employee and a) Posted in the same State b) Posted at the same station	-10 -20	
	Displacement count	Total score of all the points	

PART- D : DECLARATIONS AND CERTIFICATES

21.	<p align="center"><u>DECLARATION FOR WORKING SPOUSE</u></p> <p>I, _____ (name of the Employee) solemnly declare that my spouse _____ (Name) is presently employed at _____ (Name of JNV/District) which is my <u>present station/choice station(s)</u> (Strike out whichever is not applicable). The spouse is employed in Navodaya Vidyalaya Samiti/government sector (strike out whichever is not applicable) as _____ (Designation of the spouse).</p> <p>Date: _____</p> <p align="right">Signature of the Employee</p>
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MEDICAL CERTIFICATE

(To avoid disqualification, please do NOT use abbreviation. Fill it with CAPITAL LETTERS only. Please do not attach any enclosure except where specifically asked for)

Name of Patient :

Relation of patient with the employee(self/spouse/son/daughter) :

Address :

Date :

I, Dr. _____ with Medical Council Registration No. _____ hereby certify that Shri/Smt./Ms _____ aged _____ Sex _____ son/daughter/wife/husband of Shri/Smt. _____ (name of JNV teacher/employee) is suffering from the disease/diseases with the details as follows and that treatment of this disease is not at all available at this station or its vicinity:

A. In case of Carcinoma (Cancer) :

1. Name of Carcinoma with site affected.
2. Date when it was detected first
3. Brief History-Pathological Report with reference no. & dates :
4. T.N.M. Classification (if applicable) :
5. Evidences in support of uncontrolled growth :
6. Evidences in support of Metastasis "
7. Condition of neighboring or surrounding structures :
8. Treatment being continued in brief :
9. Full name of Surgery/Surgeries in connection with dates :

B. In case of Renal Failure :

1. Name of the disease causing Renal Failure :
2. Evidences in support of Chronic Irreversible changes :
3. Number of Dialysis done with dates :
4. Single or both kidneys are involved :
5. Any Surgery including Renal Transplantation done or not :

C. In case of Loss of Muscle Power (Paralytic Stroke) :

1. How many extremities are affected :
2. Grading of Muscle Power at present :
3. Grading of Muscle Power at the onset of disease.
4. Duration of Loss of Muscle Power.
5. Any recovery after the onset till date :
6. Most direct cause of Loss of Muscle Power.

D. In case of Heart Diseases :

1. Name of the surgical procedure undergone. CABG/Angioplasty.
2. Date of Surgical procedure.
3. Name of Doctor - Surgeon
4. Name of Hospital.

E. In case of Thalassaemia :

1. Name of the disease (with specification-major or minor) :
2. Date of first detection:
3. Whether blood transfusion required? Y/N
4. If so, periodicity/duration of blood transfusion/replacement required by the patient/Chelation therapy

5. Blood transfusion done last DD/MM/YYYY

F In case of Parkinson's disease :

1. Date of detection of the disease :
2. Duration of treatment undergone :
3. Name and designation of treating neurologist :
4. Whether admitted in hospital and if so, details thereof :
5. Progressiveness of the disease – please specify :
(To be certified by a neurologist)

G In case of Motor-neuron disease :

1. Date of detection of the disease :
2. Duration of treatment undergone :
3. Name and designation of treating neurologist :
4. Result of the EMG test report and MRI :
5. Grading of muscle power at present :

(Signature of Signing Authority)

Name
Name of the Deptt.

Name and signature of patient
Place
Date
Seal

Name of Hospital

Name of the Patient : _____

Relation with the Employee (Self/Spouse/Son/Daughter) : _____

If the certifying doctor is below the rank of civil surgeon or equivalent it should be countersigned by a Doctor of the rank of civil surgeon or equivalent.

23.	Signature of the Employee **	
24.	Signature of the Principal	
25.	Signature of the AC (Admn.)	
26.	Signature of the Deputy Commissioner.	

** The employee should sign as a token of having satisfied himself/herself on the allotted points and other entries at school level. Signature shall not be, mandatory if Part B is left blank. The school shall fill up Part A and C if employee is not present or not available otherwise and forward the same to the NVS (However, this is not applicable for current year).