Telangana Health, Medical and Family Welfare General Transfers Application

SOP Document

Registration & Login Process

Registration Page:

1. Enter applicant Full name, Mobile number, Email ID and Aadhaar number.

2. Create password which contains at least one number ,one capital letter,one special character (@, #, $, %, &).

   Ex: User@1234

3. Click on Register Now button.

Login Page:

Login with registered mobile number and password which was given during Registration.

Employee Information:

👤 Employee Information

Employee Id

Enter Employee Id

Name of the Employee

Enter

Date of Birth (DD/MM/YYYY)

dd-----yyyy

Gender

Select

Name of the post

Select

Post Cadre (State/Multi zone/Zone/District)

Details of Local Cadre in which the employee is presently working

Date of Initial joining into Service (optional)

dd-----yyyy

1. Enter Your Employee ID.

2. Enter Your Name in .

3. Select Date of Birth by clicking on Calendar Icon ▢ and Select Gender

4. Select Name of the post.

5. Post of cadre like State, Multi zone, Zone and district will be auto populated based on the post selected.

6. Select District for State, Multi Zone for Multi Zones, Zone for Zones.

7. Select date of initial joining of service(Optional).

Details of Present post Field:

ⓘ Details Of Present Post Held

Name of the office presently working
`Enter`

Name of the Present Post
`Select ⌄`

Present Post Location
`Enter`

Present Post Location Station District
`Select ⌄`

Multi Zone
`Select ⌄`

Zone
`Select ⌄`

Date from which working in the present station
`dd-----yyyy 📅`

1. Enter Name of the office working at Present.

2. Select Name of Present Post.

3. Enter present post location.

4. Select the Multi zone and zone of present post location.

5. Select the date from which working in the present station.

Priority Criteria

↑ Priority Criteria:

Spouse Employment Details

○ Yes ○ NO

Employees retiring before 30th June, 2025,

○ Yes ○ NO

Employees with disability of 70% or more as certified by the competent authority.

○ Yes ○ NO

Employees having mentally retarded children to a place where medical facilities are available.

○ Yes ○ NO

Widows.

○ Yes ○ NO

Medical Grounds.

○ Yes ○ NO

Longer Service in a Hardship Area.

○ Yes ○ NO

1. Select spouse Employment details, If yes

   a. upload spouse certificate and ID card.

   b. Select details of cadre

   c. Enter Spouse name, Name of department, Name of post, post headquarters and post headquarters district.

2. Employees retiring before 30th June, 2025, select Yes and then upload Date of birth certificate/proof.

3. Employees with disability of 70% or more as certified by the competent authority, select Yes and then upload Disability certificate / Sadaram certificate

4. Employees having mentally retarded children to a place where medical facilities are available, select Yes and then upload Disability certificate / Sadaram certificate

5. If widows Select Yes, then upload Death certificate of spouse and certified by the concerned medical officer.

6. If Medical Grounds select Yes, then dependent type and Disease and also upload medical certificate by the treating doctor and contour sign by civil surgeon specialist from a government facility.

7. If Longer Service in a Hardship Area select Yes and upload Upload a Certificate issued by DMHO.

Preferred Place (In the order of Priority)

⬆ Preferred Place (In the order of Priority)

1st Preference	Select PHC	Vacancies(OPD / Sub Centre / Others)
--Select--	Select	Select

2nd Preference	Select PHC	Vacancies(OPD / Sub Centre / Others)
--Select--	Select	Select

3rd Preference	Select PHC	Vacancies(OPD / Sub Centre / Others)
--Select--	Select	Select

4th Preference	Select PHC	Vacancies(OPD / Sub Centre / Others)
--Select--	Select	Select

5th Preference	Select PHC	Vacancies(OPD / Sub Centre / Others)
--Select--	Select	Select

☐ I declare that the information provided is true and correct.

Submit

1. Select 5 Preferences
2. For DMEMO, HEEO, DPHNO, PHNI, Projectionist.
    a. Select District and Vacancy in each preference
    b. If there are no preferences, Select No Preference option
3. For MPHA (Female) Select District, PHC Name and select any Vacant Post Name / Subcenter / OPD
4. After submitting all details click on checkbox that you will declare that the information provided is true and correct and then click on submit button.

Thank You