

No.Z.16024/01/2020-CHS.V
Government of India
Ministry of Health and Family Welfare
(CHS Division)

Nirman Bhawan, New Delhi - 110011
Dated the 10th December, 2021

Office Memorandum

Subject: Guidelines for transfer/posting of Central Health Services (CHS) doctors-reg.

These guidelines are in harmony with the provisions of the Central Health Service (CHS) Rules 2014 and will be in supersession of all previous order/OM on the said subject. In the event of any conflict, CHS Rules 2014 and amendments therein from time to time will prevail over these guidelines.

A medical officer belonging to the Central Health Services can be transferred anywhere as per these guidelines. In order to ensure administrative accountability, in case of officers who are posted to Central Government Health Services, the CGHS transfer policy as amended from time to time will be applicable as long as they are in CGHS units.

1. Principles:

- 1.1 Maintain equitable distribution of Medical Officers across units to ensure optimal functioning.
- 1.2 For a satisfying career progression and varied exposure, it is desirable that officers are suitably rotated among various assignments and locations, wherever applicable. Accordingly, all Medical Officers can be transferred anywhere within the country.
- 1.3 Organizational interest shall be given highest consideration during the transfer and posting exercise. Transfer to a particular unit cannot be claimed as a matter of right.
- 1.4 Seniority, performance and integrity will be the broad parameters for posting of Medical Officers to senior administrative posts.

2. Definitions

- 2.1. **Unit:** As notified by CHS Rules 2014 from time to time. (Refer Schedule II of CHS Rules, 2014)
- 2.2. **Persons with disability:** As defined under the Rights of Persons with Disabilities Act, 2016
- 2.3. **Serious medical ailments:** As listed in Annexure I.

Notwithstanding anything that follows, the Competent Authority reserves the right to effect any transfer at any time in administrative exigency and public interest.

3. Central Health Service Cadres

There are four sub cadres in CHS:

- i. General Duty Medical Officer (GDMO).
- ii. Teaching.

- iii. Non -Teaching.
- iv. Public Health.

The details of posts are as given in CHS Rules 2014 as amended from time to time.

4. Principles of Transfer:

- a) Tenure based
- b) Request based

(a) Tenure based

- i. The transfer/posting shall be considered with an objective of rotational postings in different units. Normally, 10 percent of the doctors in a unit would be shifted to another unit as a part of rotation exercise **on annual basis.**
- ii. Rotational transfer of employees working in sensitive posts is essential pursuant to the instructions issued by the Central Vigilance Commission letter no. 004/VGL/090 dated 11.09.2013. The maximum tenure of a medical officer will be 3 years in case he/she is holding sensitive posts as given in **Annexure II.** The medical officer will be shifted to a non-sensitive post on completion of her/his tenure as far as possible. **In case of deviation proper justification for retaining on a sensitive post beyond 3 years shall be placed before the Transfer Committee.**
- iii. **All annual transfer orders shall be normally be issued by 31st March, and in any case, not later than 30th April of the year.**

(b) Request based:

- i. Transfer requests of medical officers will be decided upon on the basis of vacancy position at the requested unit and the transferee unit.
- ii. The applicant officer will give a choice of 3 units/offices in the order of preference.

5. A Transfer Committee shall recommend transfers for Central Health Service officers.

The Transfer committee will have the following composition: -

- i. Director General of Health Services : Chairman
- ii. AS&DG (CGHS) or his representative : Member
- iii. Joint Secretary (CHS) : Member
- iv. Deputy Secretary/Director (CHS) : Member-Secretary

The Transfer Committee is recommendatory in nature. The final decision rests with the Competent Authority.

6. General principles to be followed by Transfer Committee while giving recommendations to competent authority

- i. Transfers of CHS doctors will be done annually by the Transfer Committee.
- ii. If transfer is necessitated in between due to any emergency / **administrative exigency**, the same can also be considered by the competent authority without necessarily routing through the Transfer Committee.
- iii. If posts are vacant for a long period of time, then doctors may be posted there on priority. Similar principle applies in the case of excess manpower.

- iv. As far as possible, doctors returning from deputation/long leave/study leave of more than one year duration may not necessarily be posted to the same place as earlier.
- v. While recommending transfer/posting cases on own request basis, the Committee will keep in view the vacancy position along with following order of priority to consider the transfer request in cases, wherein more than one application for one particular vacancy is received:
 - a. **Spouse ground: As far as possible post both the husband and wife at the same station as per DOPT guidelines (for spouse working in Central Government/State Government/Public Sector Undertakings on permanent basis) provided it is not the same unit.**
 - b. If the medical doctor is a person with disability
 - c. If the Spouse/Children of the medical doctors are persons with disability.
 - d. Serious medical ailment of the medical officer as listed in **Annexure I.**
 - e. Serious medical ailment of the spouse /children of medical officer as listed in **Annexure I.**
 - f. **Children Education: Requests for retention at a particular station up to the end of the particular academic year on the ground that his / her child is studying in Class-X or Class-XII**

7. Procedure for requests

- i. All applications should be forwarded in attached proforma through proper channel with recommendation of the Head of the Reporting Unit.
- ii. The reporting unit should forward the transfer request of the applicant doctor to the CHS division within 10 days of receipt.
- iii. All requests received till cut-off date will be compiled and placed before the Transfer Committee which will be convened **annually.**
- iv. The recommendations of the Transfer Committee will be placed before the competent authority on the next working day subsequent to the meeting of the Transfer Committee.

8. Deputation

As per CHS Rules 2014 upto 100 CHS posts can be filled up on deputation. In case of doctors on deputation to CHS, they would be offered posting to the station/unit for which vacancy has been advertised. Thereafter, request for change of unit, **can be considered in public interest/administrative exigency** with the approval of the competent authority.

CHS doctors who have been on deputation will have to undergo a mandatory cooling off of 2 years before proceeding on any further deputation.

9. Other Issues:

- i. Medical officers shall not bring in any outside influence regarding their transfer and postings. If such influence from extraneous source in favour of a Medical Officer is received, it will be presumed that the same has been brought in cautiously and knowingly by the Medical Officers **and will be viewed adversely and he will be liable for disciplinary action.**
- ii. It is incumbent on the Head of office of the CHS Unit to relieve the Medical Officer within 7 working days of issue of the transfer orders and submit the compliance

report to the MoHFW failing which he will be liable for appropriate action against him.

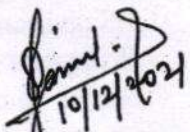
- iii. Once a transfer order of a Medical Officer has been issued by the Competent Authority, the Medical Officer concerned will not be granted leave of any kind by his / her controlling authority **and no representation whatsoever shall be entertained before he / she join at new place of posting.**
- iv. The Unit to which the Medical Officer has been transferred shall keep the Ministry of Health & Family Welfare informed about the status of joining of the medical officer.
- v. Medical Officers transferred and not relieved within 7 days of such transfer orders shall be treated as deemed relieved.
- vi. In case the medical officer still does not join the new place of posting, or gives leave application **or any other representation**, he / she shall be treated as being wilfully absent from duty and will be liable for disciplinary action.

10. Power of Relaxation of Guidelines:

Notwithstanding anything contained in the guidelines, the Competent Authority in the DoHFW may transfer any Medical Officer to any place in relaxation of any of the above provisions.

11. Date of effect:

These guidelines will become effective from the date of their issue. All the requests of transfers, received during the past six months, if not acted upon earlier, will be treated as having been submitted under these guidelines and will be acted upon as such.


(Rajeev Jaiswal)

Under Secretary to the Govt. of India
Tel. No. : 011- 2306 1986

To
All participating units of CHS (As per list attached)

Copy to:

- i. DGHS
- ii. AS&DG, CGHS
- iii. JS (CHS)
- iv. JS (CGHS)
- v. Director (CHS),
- vi. US (CHS.I/II), US (CHS.III/IV), US (V/VI)

Copy also to:

PS to HFM / PS to MOS (AKC) / Sr. PPS to Secretary (H)

Proforma for Seeking Transfer of CHS officers among the Participating units

Part I

(To be filled by the Officer seeking transfer)

1.	Name of the Officer				
2.	Designation				
3.	Date of birth				
4.	Date of appointment in CHS				
5.	Qualification				
6.	Sub-cadre in CHS				
7.	Present place of posting (since when)				
8.	Place to which transfer sought				
9.	Transfer History	From		To	
		Place	Date	Place	Date
10.	Reasons for seeking present transfer (Attach supporting documents if the transfer is requested on medical grounds)				

UNDER TAKING

I undertake that the abovementioned details are true and correct to my knowledge and the contents are based upon the record available with me and nothing material has been deliberately concealed therefrom. I also undertake that in case the request for transfer is recommended, I will not make any request for cancellation of the same.

(Signature of the Officer)

Date: _____

Annexure I

List of Medical Ailments for the purpose of consideration of Transfer/Posting of CHS doctors:

1. **Cancers:** All types of cancers leading to permanent disability of more than 40%. The term cancer includes Leukemia, Lymphoma and Hodgkins Disease.
2. **Degenerative & Progressive Neurological disorders:**
 - a. Paralytic Stroke (Cerebro Vascular Accidents): CVA including Cerebral Haemorrhage, Cerebral Thrombosis and Cerebral embolism causing more than 40% Total Permanent Disability.
 - b. Motor Neuron Disease: Irreversibly progressive Motor Neuron Disease confirmed by a Neurologist. It should be duly supported by MRI, EMG and Nerve Conduction studies.
 - c. Parkinson's Disease: Slowly Progressive degenerative neurological disorder causing Tremors, Rigidity and disturbance of balance and must be confirmed by a Neurologist.
 - d. Cerebellar Ataxia and Neuropathies leading to more than 40% disability.
3. **Person living with HIV AIDS (PLHA):** A person diagnosed with HIV AIDS and undergoing treatment.
4. **Chronic Renal Failure:** Chronic Renal Failure with irreversible damage to both kidneys requiring RRT. Haemodialysis/ R.T and it must be well documented with relevant lab investigations and certified by Nephrologist.
5. **Chronic Respiratory Failure:** Chronic Respiratory Failure with irreversible damage to both lungs requiring demiceler oxygen or ventilator support.
6. **Heart Diseases leading to Chronic Heart Failure:** Coronary Artery Disease and Valvular Heart Diseases which may be treated by CABG or Valve Replacement Surgery will be entitled for three years from the date of actual open heart surgery. Cases involving non -surgical techniques like Angioplasty will be eligible for one year from the date of intervention. Unsuccessful surgery or Fardiomopathies leading to Heart Failure will also be included.
7. **Thalasemia Major and other Blood Dyscrasia:** All Blood Dyscrasias including Thalasemia major requiring recurrent Blood Transfusions.
8. **Diabetes with complications:**
 - (a) Chronic Renal Failure; (b) Permanent loss of vision; (c) Cellulitis requiring Amputation of limbs; (d) Cerebro Vascular Accidents; (e) Coronary Artery Disease;
9. Any other disease leading to more than 40% Physical or Permanent disability certified by the Medical Board with latest records/reports within past three months.
10. Any other disorder with Mental disability of 40% or more as certified by the Medical Board & accompanied by UDID Card.
11. Acid attack victims.

Annexure II

List of Sensitive posts

1. Additional Directors in CGHS, posts of MOs/Sr MOs/ CMOs in the office of ADs
2. MSO including the post of MOs/Sr MOs/CMOs in the office of MSO
3. ADDL MS in Hospitals
4. CMO(Procurement) & all other medical posts involved in procurement.
5. CMO(Stores) and all other medical posts involved in stores in the office of CMO stores.
