KERALA STATE ELECTRICITY BOARD LIMITED

(Incorporated under the Companies Act, 1956)
Reg. Office: Vydyuthi Bhavanam, Pattom, Thiruvananthapuram - 695 004, Kerala.
CIN: U40100KL2011SGC027424
Website: www.kseb.in

Office of the Chief Engineer (HRM)

Phone No. 0471 2448948, Fax No. 0471 2441361
Web: www.kseb.in E-mail: cehrm@kseb.in

No. EB7/Medical Certificate Format/GT-2026 Date: 24.07.2026

NOTE TO ALL ARU HEADS

Sub: Proposal to invite applications for Online General Transfer of Workmen Category and Middle Level Officers – Format of Medical Certificate publishing for information – regarding.

The applications for Online General Transfer, 2026 of Workmen Category and Middle Level Officers will be invited shortly. The format of Medical Certificate to be submitted by applicants with medical claims, is attached herewith. The same may be brought to the notice of the employees under your jurisdiction and they may be directed to submit their claim for medical protection in this prescribed format as and when intimated by this office.

Sd/-
CHIEF ENGINEER (HRM)

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MEDICAL CERTIFICATE OF KSEBL EMPLOYEES / DEPENDANTS FOR AVAILING TRANSFER / PROTECTION

1. Name of employee & Employee Code :
2. Designation :
3. Office in which presently working :
4. Name of ARU :
5. Name of patient & relationship :

The above stated facts are true and correct.

Signature of the employee with date

Verified and found correct.

Place:
Date:

Signature of the ARU Head

CERTIFICATE

This is to certify that Sri./Smt…… father / mother / husband / wife / son / daughter / brother / sister of Sri./Smt. ……..... is diagnosed to have …… and advised to undergo treatment ….…… His/her present condition is …….. He/She has been under my treatment from ……

This certificate is issued by me after careful medical examination to produce before KSEB Limited for the purpose of General Transfer 2026.

Signature of the Doctor:
Name of the Doctor:
Registration No.
Qualification:
System of medicine:
Mobile No.

Place:
Date: