



**Office of the Commissioner of the State Goods and Services Tax
Department, Tax Tower, Thiruvananthapuram-695002.**

SGST Personnel Division (Seniority and Related Matters)

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File No.SGST/5736/2024-PD(S)5

Dated : 31-01-2025.

CIRCULAR No. 01/2025

Sub:- PD(S) SGST Department - Declaration of probation of Officers appointed of and above the cadre of ASTO - forwarding of proposals – instructions issued – reg :-

Ref: 1.GO (P) No.17/2018 /P&ARD dated 27.12.2018 of the P&ARD Department

2.Circular No.24/15/CT dated 19.10.2015 of the Commissioner, SGST, Tvpm.

3.Circular No.20/2018 dated 10.09.2018 of the Commissioner, SGST, Tvpm.

Attention of all officers is invited to the references cited wherein guidelines were issued to all Joint Commissioners regarding the procedure to be followed while forwarding the proposals to Commissionerate for declaring the probation of officers of and above the cadre of Assistant State Tax Officers.

As per Special Rules a person appointed in the cadre of Assistant State Tax Officer will be on probation for a period of one year duty within a continuous period of two years and a person appointed in the cadre of State Tax officer will be on probation for a period of two years duty with in a continuous period of three years. The period of probation of Deputy Commissioners, Joint Commissioners and Additional Commissioners are six months duty within a continuous period of one year. With regard to the State Tax officers (Direct Recruittees) the departmental test qualified certificate and degree certificate (exemption of book keeping) should be enclosed with the proforma. Details regarding enrollment in SLI, GIS, GPF, NPS should also be mentioned. Regarding the proposals for declaration of probation in respect of Deputy Commissioners and above, a copy of first RTC should also be enclosed along with the proposals and the proposal approved by the Commissioner is forwarded to Government for declaration of probation of the officer.

The proposals of and above the cadre of ASTO should be forwarded to the Commissionerate for declaration of probation through proper channel.

All Joint Commissioners and Controlling Officers should thoroughly verify the Service Book and SPARK of the individuals regarding the leave availed if any, before submitting the proforma and certify that the details submitted in the proforma are verified and found correct.

It has also come to the notice of this office that many of the proposals are received bearing common defects regarding leave availed during the period of probation and extended period of probation, prefix and suffix not seen mentioned, dies non, period of absence from duty which takes a considerable time for processing the applications. In the circumstances and to avoid further hardships, the Joint Commissioners should take utmost care while submitting the proposals. The proposals forwarded to Commissionerate are to be duly verified and certified by the concerned Controlling officers before submission.

Ensure that the following instructions pointed out below are strictly followed before submitting the proforma.

1. The proforma should be neatly typed and all columns should be duly filled.
2. The PEN and GE No. should be mentioned correctly.
3. Date of commencement of service in the present cadre should be verified and mentioned correctly.
4. Nature of leave availed during the period of probation other than casual leave, period of leave along with holidays prefix and suffix and ground for which leave was sanctioned should be clearly furnished in the proforma after proper verification with SPARK and Service Book and a copy of relevant page of the Service Book should also be attached with the proforma. Leave details including prefix and suffix should be arranged in the chronological order.
5. The number of days of leave availed including Prefix and Suffix, during the period of probation will be extended from actual date of declaration of probation. This period is specified as the extended period of probation and if any leave availed during the extended period of probation will further be extended. So the leave availed during the extended period of probation, period of leave along with prefix and suffix and ground for which leave was sanctioned should be mentioned in the proforma in separate table in the proforma.
6. The proforma should be signed by the probationer.
7. The Head of office are directed to certify the work and conduct of the individual verify the leave details and liabilities if any before certifying in TABLE A.
8. The proforma should be signed by the Head of Office or Controlling officer specifying his name and affixing his designation and Office seal.
9. Revision of proforma is strictly avoided and if revised should be clearly mentioned

in the proforma as Revised Proforma in order to avoid duplication.

10. If wrong information are furnished, the probation of the individual would be declared based on the wrong information furnished in the proforma. If so, the pay and allowances drawn in excess shall be refunded to the State exchequer.

11. It is noticed that the order declaring probation is not seen communicated to the concerned probationer, hence the Joint Commissioners in all districts are directed to duly communicate the proceedings to the probationers in their present office through head of respective offices.

In continuation to the guidelines issued all Joint Commissioners are directed to avoid late submission of proposals for declaration of probation of officers working under their administrative control. They shall forward the proposals in the prescribed proforma within three months of completion of probation or completion of extended period of probation. All Joint Commissioners are directed to strictly adhere to the above time limit.

Henceforth the proposals for declaration of probation should be forwarded in the new proforma appended. All Joint Commissioner shall acknowledge the receipt of the circular and obtain acknowledgements from their subordinates.

Proforma for declaration of probation in the cadre of ASTO, STO (Promotee & Direct) DC, JC, ADC in this department is attached as Annexure to this Circular.

The receipt of this Circular should be acknowledged.



AJIT PATIL I A S
COMMISSIONER

To,

All Concerned.



(All proforma(s) available in official website: www.kerala.gov.in)

ANNEXURE 1**PROFORMA FOR DECLARATION OF PROBATION**

(For Joint Commissioner, Additional Commissioner (all columns should be duly filled))

1. PEN & GE No :
 2. Name of Officer :
 3. Designation and present office :
 4. Order No. & Date by which the
 Promotion was ordered :
 5. Date of joining duty in the present cadre : ----/----/----- (FN / AN)
 6. Details of provisional appointments
 held Under Rule 9 A (i) If any :
 7. Date from which provisional appointment is to
 be regularized : ----/----/----- (FN / AN)
 8. Date of commencement of probation : ----/----/----- (FN / AN)
 9. Leave availed If any during the period of probation

Nature of leave availed	Leave availed w.e.f	Prefix/Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with Order No and date (attach copies, if availed LWA/Special Casual Leave)

9(a). Leave availed if any during the extended period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with order No and date (attach copies if availed LWA/Special Casual Leave)

10. (a) Normal date of completion of probation,

if the period of probation is not extended : ----/----/----- (FN / AN)

(b) Date of completion of probation,

if the period of probation is extended : ----/----/----- (FN / AN)

11. Date from which the probation is to

be declared completed satisfactorily : ----/----/----- (FN / AN)

Affidavit

All the above information is certified to be true and correct to the best of my belief and knowledge.

Place:

Applicants signature :

Date :

Applicants Name :

Designation and Office :

(A). Remarks by the Controlling Officer :

(i) Whether work and conduct of the individual is satisfactory : (Yes / No)	Remarks:
(ii) Whether details furnished in the proforma has been verified with SPARK and found correct?	Yes / No
(iii) Whether details of liabilities if any, existing against the individual during the period of probation	Remarks:

(B) The above particulars are verified and found correct:

Place :

Signature of the Controlling Officer

Date :

(Office Seal)

ANNEXURE 2**PROFORMA FOR DECLARATION OF PROBATION**

(For Deputy Commissioner (all columns should be duly filled))

1. PEN & GE No : _____
2. Name of Officer : _____
3. Designation and present office : _____
4. Order No. & Date by which the
Promotion was ordered : _____
5. Date of joining duty in the present cadre : ----/----/----- (FN / AN)
6. Details of provisional appointments
held Under Rule 9 A (i) If any : _____
7. Date from which provisional appointment is to
be regularized : ----/----/----- (FN / AN)
8. Date of commencement of probation : ----/----/----- (FN / AN)
9. Leave availed if any during the period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with Order No and date (attach copies, if availed LWA/Special Casual Leave)

9(a). Leave availed if any during the extended period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with Order No and date (attach copies, if availed LWA/Special Casual Leave)

10. (a) Normal date of completion of probation,

if the period of probation is not extended : ----/----/----- (FN / AN)

(b) Date of completion of probation,

if the period of probation is extended : ----/----/----- (FN / AN)

11. Date from which the probation is to

be declared completed satisfactorily : ----/----/----- (FN / AN)

Affidavit

All the above information is certified to be true and correct to the best of my belief and knowledge.

Place:

Applicants signature :

Date :

Applicants Name :

Designation and Office :

(A). Remarks by the Joint Commissioner concerned:

(i) Whether work and conduct of the individual is satisfactory : (Yes / No)	Remarks:
(ii) Whether details furnished in the proforma has been verified with SPARK and found correct?	Yes / No
(iii) Whether details of liabilities if any, existing against the individual during the period of probation	Remarks:

(B). The above particulars are verified and found correct.

Place:

Signature of the Joint Commissioner

Date :

(Office Seal)

ANNEXURE 3**PROFORMA FOR DECLARATION OF PROBATION**

(State Tax Officer(Direct Recruittees) (all columns should be duly filled))

1	PEN & GE No.	
2	Name of officer	
3	Designation and present office	
4	Method of appointment	
5	Advice No.of KPSC / Govt Order of Appointment	
6	Order No. & Date of appointment as Trainee Reserve STO.	
7	Order NO. & Date of appointment as STO after training.	
8	Date of joining as STO after training	----/----/----- (FN / AN)
9	Date of last Departmental Test conducted.	----/----/----- (FN / AN)
10	Other non-qualifying service	
11	(a) Whether a member of GPF	Yes / No
	(b) Whether a member of SLI	Yes / No
	(c) Whether a member of GIS	Yes / No
	(d) Whether a member of NPS	Yes / No
	(e) Whether the details regarding the membership on the above schemes have been entered in SPARK	Yes / No
12.	Date of commencement of probation	: ----/----/----- (FN / AN)

13. Leave availed if any during the period of probation

Nature of leave availed	Leave availed w.e.f	prefix/suffix	Total days of leave including prefix and suffix	Ground for which leave was sanctioned with order No & date (attach copies if availed LWA/Special casual Lea

14. Leave availed if any during the extended period of probation

Nature of leave availed	Leave availed w.e.f	prefix/suffix	Total days of leave including prefix and suffix	Ground for which leave was sanctioned with order No & date (attach copies if availed LWA/Special casual Lea

15. (a) Normal date of completion of probation, if the period of probation is not extended :----/----/----- (FN/AN)

(b) Date of completion of probation, if the period of probation is extended :----/----/----- (FN/AN)

16. Date from which the probation is to be declared completed satisfactorily :----/----/----- (FN/AN)

Affidavit

All the above information is certified to be true and correct to the best of my belief and knowledge.

Place: Applicants signature :

Date : Applicants Name :

Designation and Office :

(A). Remarks by the Immediate Superior :

(i) Whether work and conduct of the individual is satisfactory? (Yes / No)	Remarks:
(ii) Whether details furnished in the proforma has been verified with SPARK and found correct?	Yes / No
(iii) Whether details of liabilities if any, existing against the individual during the period of probation	Remarks:

(B). Certificate of the Immediate Superior

Sri/Smt.....(Name of applicant), PEN:.....is currently working in this office from.....in the cadre of.....I recommend his/her proforma for consideration for declaration of probation.

Place: Signature of Head of Office :

Date : Name of Head of Office :

Post and Name of Office :

(Office Seal)

**For officials working in Commissionerate should be certified by concerned DC other than DC Personal Division*

(C). Certificate of the Joint Commissioner (TPS) in charge of Establishment

(For officials working in Commissionerate should be certified by the DC Personal Division)

Sri/Smt.....(Name of applicant),PEN:.....is currently working in this office from.....in the cadre of.....The proforma for declaration of probation has been duly verified with Spark and other office records and that all the information entered in the proforma is true and correct as per records available. I recommend the request for declaration of probation for consideration and further action.

Place: Signature of the JC (TPS)/ DC Personal Division

Date : Name :

(Office Seal)

ANNEXURE 4**PROFORMA FOR DECLARATION OF PROBATION**(State Tax Officer/Promotee) (all columns should be duly filled)

1. PEN & GE No : _____
2. Name of Officer : _____
3. Designation and present office : _____
4. Order No. & Date by which the
Promotion was ordered : _____
5. Date of joining duty in the present cadre : ----/----/----- (FN / AN)
6. Details of provisional appointments
held Under Rule 9 A (i) If any : _____
7. Date from which provisional appointment is to
be regularized : ----/----/----- (FN / AN)
8. Date of commencement of probation : ----/----/----- (FN / AN)
9. Leave availed if any during the period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with Order No and date (attach copies, if availed LWA/Special Casual Leave)

9(a). Leave availed if any during the extended period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with order No and date (attach copies if availed LWA/Special Casual Leave)

10. (a) Normal date of completion of probation,

if the period of probation is not extended : ----/----/----- (FN / AN)

(b) Date of completion of probation,

if the period of probation is extended : ----/----/----- (FN / AN)

11. Date from which the probation is to be declared completed satisfactorily

: ----/----/----- (FN / AN)

Affidavit

All the above information is certified to be true and correct to the best of my belief and knowledge.

Place: Applicants signature :

Date : Applicants Name :

Designation and Office :

(A). Remarks by the Immediate Superior:

(i) Whether work and conduct of the individual is satisfactory: (Yes / No)	Remarks:
(ii) Whether details furnished in the proforma has been verified with SPARK and found correct	Yes / No
(iii) Whether details of liabilities if any, existing against the individual during the period of probation	Remarks:

(B). Certificate of the Immediate Superior

Sri/Smt.....(Name of applicant),PEN:.....is currently working in this office from.....in the cadre of.....I recommend his/her proforma for consideration for declaration of probation.

Place:

Signature of Head of Office:

Date :

Name of Head of Office :

Post and Name of Office :

(Office Seal)

**For officials working in Commissionerate should be certified by concerned DC other than DC Personal Division*

(C). Certificate of the Joint Commissioner (TPS) in charge of Establishment

(For officials working in Commissionerate should be certified by the DC Personal Division)

Sri/Smt.....(Name of applicant),PEN:.....is currently working in this office from.....in the cadre of.....The proforma for declaration of probation has been duly verified with Spark and other office records and that all the information entered in the proforma is true and correct as per records available. I recommend the request for declaration of probation for consideration and further action.

Place:

Signature of the JC (TPS)/DC Personal Division

Date :

Name :

(Office Seal)

ANNEXURE 5**PROFORMA FOR DECLARATION OF PROBATION****(Assistant State Tax Officer) (all columns should be duly filled)**

1. PEN :
2. Name of Officer :
3. Designation and present office :
4. Order No. & Date by which the :

Promotion was ordered

5. Date of joining duty in the present cadre :----/----/----- (FN / AN)

6. Details of provisional appointments

Under Rule 9 A (i) :Yes/No (If Yes fill 6(a))

6(a). Date from which appointment is to be

regularized : ----/----/----- (FN / AN)

7. Date of commencement of probation : ----/----/----- (FN / AN)

8. Leave availed if any during the period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with order No and date (attach copies if availed LWA/Special Casual Leave)

9. Leave availed if any during the extended period of probation

Nature of leave availed	Leave availed w.e.f	Prefix /Suffix	Total days of leave including prefix and suffix	Ground for which leave sanctioned with order No and date (attach copies if availed LWA/Special Casual Leave)

10. (a) Normal date of completion of probation,

if the period of probation is not extended : ----/----/----- (FN / AN)

(b) Date of completion of probation,

if the period of probation is extended : ----/----/----- (FN / AN)

11. Date from which the probation is to

be declared completed satisfactorily : ----/----/----- (FN / AN)

Affidavit

All the above information is certified to be true and correct to the best of my belief and knowledge.

Place: Applicants signature :

Date : Applicants Name :

Designation and Office :

(A). Remarks by the Immediate Superior :

(i) Whether work and conduct of the individual is satisfactory: (Yes / No)	Remarks:
(ii) Whether details furnished in the proforma has been verified with SPARK and found correct	Yes / No
(iii) Whether details of liabilities if any, existing against the individual during the period of probation	Remarks:

(B). Certificate of the Immediate Superior

Sri/Smt.....(Name of applicant),PEN:.....is currently working in this office from.....in the cadre of.....I recommend his/her proforma for consideration for declaration of probation.

Place:

Signature of Head of Office:

Date :

Name of Head of Office :

Post and Name of Office :

(Office Seal)

**For officials working in Commissionerate should be certified by concerned DC other than DC Personal Division*

(C). Certificate of the Joint Commissioner (TPS) in charge of Establishment

(For officials working in Commissionerate should be certified by DC Personal Division)

Sri/Smt.....(Name of applicant),PEN:.....is currently working in this office from.....in the cadre of.....The proforma for declaration of probation has been duly verified with Spark and other office records and that all the information entered in the proforma is true and correct as per records available. I recommend the request for declaration of probation for consideration and further action.

Place:

Signature of the JC (TPS)/DC Personal Division

Date :

Name :

(Office Seal)