From,		То,	
Mandal Educational Officer,		The District Educational Officer,	
		O/o.D.	E.O Office,
Sub:- Estt-sec.edn-submission of Attestation forms of certain teachers-			
Mandal-Antecedent verification-Request-Regard.			

Sir,			
I am here with submission the attestation forms of the following teachers of			
for Antecedent Verification.			
S.No	Name of the Teacher	Designation	Working School
1.			
2.			
3.			
4. 5.			
6.			
7.			
			_
This is for your considerationa and I request to take favorable action as early as possible.			
Thanking you sir,			
manking you sir,			
			Yours faithfully,
DI ACE.			
PLACE:			
DATE:			
Enclosures:			
1.Attestation forms of each incumbent(Triplicate)			