

TRANSFERS OF HMs/TEACHERs – 2022-23

(Ref G.O.Ms.No.187 , School Education (Services.II) Department of A.P., Dated : 10.12.2022)

TOTAL SERVICE CERTIFICATE OF THE APPLICANT

(Under Rule 5(iv) of Annexure)

Certified that Sri./Smt./Kum.....

S/o,D/o,W/o..... is working at

..... School (UDISE CODE.....)

(Category-I/II/III/IV) , Village , Mandal,..... District,

Andhra Pradesh State.The details of the teacher are furnished here under(as per SR) :-

1. Transfer Application No.:.....Cell :.....
2. Employee I.D.(HRMS) :.....
3. CFMS I.D. :.....
4. Name of the Teacher (Full) :.....
5. Designation (Present) :.....
6. Date of First/initial appointment :
7. Parent (Initial) Management(Govt./ZPP/MPP) :.....
8. Total Service in all Cadres: YearsMonths Days
(As on date :31.08.2022)
9. Date from which working in the Present School :.....
10. Total Service points (as per Online application) :.....

Certify that the particulars of the individual furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Applicant

Signature of the GHM/MEO/DyEO

With office Seal

Date :

Place:

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SERVICE CERTIFICATE in the PRESENT SCHOOL **OF THE APPLICANT**

(Under Rule 5(i) of Annexure)

Certified that Sri./Smt./Kum.....

S/o,D/o,W/o..... is working at

..... School (UDISE CODE))

(Category-I/II/III/IV) , Village , Mandal,..... District,

Andhra Pradesh State.The details of the teacher are furnished here under(as per SR) :-

1. Transfer Application No.:.....Cell:.....
2. Employee I.D.(HRMS) :.....
3. CFMS I.D. :.....
4. Name of the Teacher (Full) :.....
5. Designation (Present) :.....
6. Date of Birth(dd/mm/yyyy) :
7. Aged (Male HMs/Teachers) above 50 years as on 31.08.2022 ?: (YES/NO).....
8. Date from which working in the Present School :.....
9. Total Service in present School : YearsMonths Days
(As on date :31.08.2022)
10. No.of Station Points he/she is eligible for (as per Online application) :.....

Certify that the particulars of the individual furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Applicant

Signature of the GHM/MEO/DyEO

With office Seal

Date :

Place :

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UNDER-TAKING LETTER BY THE APPLICANT

Transfer application No:.....

Cell No.:-.....

I , Sri./Smt./Kum.....am

working as in

School ,Village ,Mandal ,

District , A.P. hereby undertake that I will abide by the Guidelines mentioned Vide
G.O.Ms.No.187 , School Education (Services.II) Department of Andhra Pradesh,Dated :
10.12.2022 in the event of the Transfers of Headmasters(Gr-II)/ Teachers working in
Govt./ZPP/MPP Schools during Academic year 2022-23.

Signature of the Teacher/Applicant

Date :

Place :

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CERTIFICATE OF SPOUSE WORKING as GOVT. EMPLOYEE

(Under Rule 6(ii) & 8(note-2,3) of Annexure)

Certified that Sri./Smt.....

W/o,H/o... is working in Central
, Govt./State Govt./Public Sector Undertaking/Local Body/APREIS/Aided/APMS/KGBV as
..... on regular basis in the Same District/ Zonal Cadre or Adjacent
district of.....since (dd/mm/yyyy).

Details of the working Employee (as per our records) :

Employee Name (in Full):.....

Designation(Present):.....

Department Name :.....

Employee I.D.:.....

CFMS I.D.;.....

Aadhar Number :.....

Date of Marriage:.....

Date from which working in the Post.....(dd/mm/yyyy)

Present working District.....Division.....Mandal.....

Present Basic Pay (As On 31.08.2022): Rs.....

Scale of Pay :.....Cell:

(strikeout which is not applicable)

*It is also certified that he/she did not avail Spouse priority during the last 5/8 years for the purpose of Transfer Counselling.

* It is Declared That She/He is Under Re-apportionment, She /He May Be Allowed To Avail Spouse Priority

*Since He/She is Being Shifted Under Re-apportionment Before Completion Of 5/8 Yrs School Service

Date :

Place :

HEAD OF THE OFFICE WITH DATE & OFFICE SEAL

TRANSFERS OF HMs/TEACHERs – 2022-23

(Ref G.O.Ms.No.187 , School Education (Services.II) Department of A.P., Dated : 10.12.2022)

Declaration for Un-Married Female Teachers/Headmistress (Gr-II)

(Under Rule 6(i) & 8 (Note-2) of Annexure)

Transfer application No.:.....Cell :.....

Employee Id :.....

CFMS Id :.....

Name of the Employee :(Kum.).....

Present working of the School :.....

U-DISE CODE..... Category (I/II/III/IV);.....

Present working of the School :.....U-DISE CODE.....

Name of the Mandal :.....DISTRICT.....

I declare that I am unmarried female teacher/Headmistress. Further declare that I have not availed these points in the last 5 Years (for HM Gr.-II) / 8Years (for teachers). If any information is found incorrect by the authorities I/we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

No. of Points she is eligible for_____.

Signature of the Teacher/HM

//Counter Signature of the Authority//

Note: Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO

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(Ref G.O.Ms.No.187 , School Education (Services.II) Department of A.P., Dated : 10.12.2022)

Willing Letter to come under Re-apportionment

(under Rule 2 (iv) (c) & 6 (v) of Annexure)

Transfer application No.:.....

Cell No.:.....

I,

Am working as in..... School ,

.....Mandal, District herewith extend my

willingness to come under Re-apportionment-2022 (due to mapping of schools only) as

surplus teacher and proposed for shifting the post among the teachers in the school as per

my seniority.

Signature of the Teacher/HM

*Since He/She is Being Shifted Under Re-apportionment Before Completion Of 5/8 Yrs School Service.

*The HM/Teachers who have completed 5/8 Academic Years of service respectively in a particular school are not eligible for Re-apportionment points .

Hence , No. of Points He/She is eligible for_____.

//Counter Signature of the Authority//

Note: Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO

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Certificate on Re-apportionment Points

(under Rule 2 (iv) (d) & 6(v) of Annexure)

Transfer application No.:.....Cell:.....

Employee Id :.....

CFMS Id :.....

Name of the Employee :(Sri./Smt./Kum.).....

Designation (Present) :.....

Present working of the School :.....

U-DISE CODE..... Category (I/II/III/IV);.....

Name of the Mandal :.....DISTRICT.....

I certify that the individual has been working in the school as since _____(date) and NOT Completed 5/8 Academic years of service as on 31.08.2022 in the school and he / she has been affected by the Re-apportionment-2022 (due to mapping of schools only). If any information is found incorrect by the authorities I/we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Hence , No. of Points He/She is eligible for_____.

Signature of the Authority

Note: Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO

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(Ref G.O.Ms.No.187 , School Education (Services.II) Department of A.P., Dated : 10.12.2022)

Declaration for Physically Challenged Points

(Under Rule 6(iii) & 8 (Note-1,2) of Annexure)

Transfer application No.:.....Cell:.....

Employee Id :.....

CFMS Id :.....

Name of the Employee : (Sri./Smt./Kum.)

Present working of the School :.....

U-DISE CODE..... Category (I/II/III/IV);.....

Present working of the School :.....U-DISE CODE.....

Name of the Mandal :.....DISTRICT.....

PH type (Visually/Ortho) :

PH Percentage (as per Certificate) (40% to 55% or 56% to 69%)

SADAREM Certificate No.:..... Date of Issue :

(Note :- However , candidates selected under PH quota and recorded in S.R. need not furnish any certificate afresh (under Note-1 of rule -8))

I declare that I come under Physically challenged quota to avail the Special points (Extra Points) under Rule 6 (iii) (a & b). If any information is found incorrect by the authorities I/we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

No. of Points are eligible for_____.

Signature of the Teacher/HM

//Counter Signature of the Authority//

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Certificate on State Level President/G.S. Points

(under Rule 6(iv) of Annexure)

Transfer application No.:.....Cell:.....

Employee Id :.....

CFMS Id :.....

Name of the Employee :(Sri./Smt./Kum.).....

Designation (Present) :.....

Present working of the School :.....

U-DISE CODE..... Category (I/II/III/IV);.....

Name of the Mandal :.....DISTRICT.....

I certify that the individual has been working as President / General Secretary of State level recognized teachers union named by..... with regd.no..... . If any information is found incorrect by the authorities I/we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Hence , No. of Points He/She is eligible for_____.

Signature of the Authority

Note: Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO