REQUISITION FOR ENTRY OF QUALIFICATION PARTICULARS IN SCHOOL ASSISTANT AND EQUIVALENT CADRE SENIORITY

LIST FOR THE PROMOTION TO THE POST OF JUNIOR LECTURES / DIET LECTURERS														
(1)	Name of the Teacher													
(2)	Designation													
(3)	Subject													
(4)	Treasury ID													
(5)	School in which workin	g & Manda	al											
(6)	UDISE Code													
(7)	Date of Birth													
(8)	Community (SC/ST/BCA/BCB/BCC/BCD/BCE) Mobile No.													
(9)	If PHC, mention the category (VH/HH/OH) PHC %													
(10)	Details of Present Cad													
	(a) Appointed by way o	f Promotio	n (or)) Dired	t Rec	ruitm	nent							
,	(i)If appointed by way of		on					,		_				
	Proceedings Order No.			Date			Date of	_	Date of		ate of	Remarks		
	(Promotion Order No.)						Joining	Re	Regularization		obation			
ļ	Data the of Freedom Cate													
į	Details of Feeder Categ	omot	otees)			Data of Data of			Date of					
	Post with subject in which appointed		d	In which DSC			Date of Joining	Date of Regularization			obation	Remarks		
							Johnnig Regularization			Dation				
ļ	/ii) If appointed by way	of Direct F	Pocrui	itmon	+ (in +	ho ca	dro of Sch	nool /	\ccictant\					
	(ii) ii appolitted by way	(ii) If appointed by way of Direct Rec		Tuttilent (in the		ile ca	•		Date of	Date of				
	Post with subject in which	Post with subject in which appointed		In which DSC			Joining	Regularization			obation	Remarks		
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		de								1				
(11)	Academic Qualification	S*					Marriala O V		C - /C	- /		Link and the		
SNo	Details	Degree Na	me	Subject			Month & Year Grade/Clas of Pass Division		S/	% marks	University Name			
1	PG Degree 1										Nume			
2	PG Degree 2													
3	PG Degree 3													
4	PG Degree 4													
5	PG Degree 5													
6	M.Phil 1													
7	M.Phil 2													
8	Ph.D 1													
9	Ph.D 2													
10	UGC NET/SLET/APSET													
11	Others if any Specify													
11	Others if any specify													
									<u> </u>					
(12)	Professional Qualificati				-		1		I	,				
SNo	Details	Degree		nodol v 1		nodol	Month & of Pas		Grade/Clas Division	s/	% marks	University		
1	MEd/MPEd	Name	og	y-1	l og	y-2	UI Pas		ווסוצואות					
2	BEd/BPEd													
3	TPT/HPT/UPT etc.,.									-				
4	Others if any Specify													
+			<u> </u>		<u> </u>									
(13)	Details of Departmental Tes										Rem			
-	Test Name ecutive Officers Test	Test Name Hall Ticket No.							Moth & Year of Pass					
	ecutive Officers Test													
(14)	Whether Qualification													
(15)	Language Studied (Spe	cify the Lar	nguag				ndi/Urdu e							
SNo	Details	O O												
1	Medium of Study at Le													
2	I Language studied as L	evel												
(16)	Any disciplinary Cases	nending? /	YFS /1	NO)										
(-0)	i, wiscipillially cases	- Summer (/	· • • j										

*Enclose the relevant documents along with this format and submit the same to the District Educational Officer duly counter signed by the Head of the Institution

Signature of the Headmaster/MEO

If so, specify the details