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| **PROFORMA OF ELIGIBLE SCHOOL ASSISTANT FOR THE POST OF DIET LECTURERS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SL.NO** | **DISTRICT** | **MANDAL** | **TRY ID** | **FIRST APPOINTMENT MGMT** | **PRESENT WORKING MGMT** | **WHETHER PROMOTED/DIRECT/ UPGRADED** | **YEAR OF DSC** | **SL.NO.IN DSC** | **FULL NAME** | **DESIGNATION - SUBJECT** | **SCHOOL U-DISE CODE** | **SCHOOL NAME** | **SCHOOL ADDRESS** | **CATEGORY SC/ST/PHC** | **DATE OF BIRTH** | **DATE OF APPOINTMENT IN SGT/EQUIVALENT CADRE** | **DATE OF REGULARISATION IN THE SGT/EQUIVALENT CADRE** | **DATE OF APPOINTMENT IN THE SA CADRE** | **DATE OF REGULARISATION IN SA CADRE** | **DATE FROM WHICH SENIORITY IS TO BE COUNTED** | **ACADEMIC QUALIFICATIONS** | | | **PROFESSIONAL QUALIFICATION** | | | | **YEAR & MONTH OF G.O.TEST PASSED** | **YEAR & MONTH OF E.O.TEST PASSED** | **IF EXEMPTED FROM PASSING, REASONS THEREOF** | **WHETHER CHARGES/CASES PENDING** | **CONTACT NO.** | **REMARKS** |
| **GRADUATION** | **ELIGIBLE PG FOR PROMOTION** | **% IN PG** | **B.ED** | | | **IF HAS M.Ed, % IN M.Ed** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |