**TEACHER PERSONAL DETAILS Photo**

 **(Vide Rc.No.73/IT-Cell/2016, Dated:20/04/2016 of C& DSE,AP, Hyd.) Upload**

Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aadhar Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pan Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present working District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present Working Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Working Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prsent Working School :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining in the Present School:\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTAL ADDRESS**:

H.No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESENT ADDRESS IS SAME AS PERMANENT : YES / NO.** If No. Give Address: H.No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL DETAILS:** Religion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Tongue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local/Non-Local:\_\_\_\_\_\_\_\_\_\_\_ Disability(Yes/No):\_\_\_\_\_\_\_\_\_\_\_\_ Local District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage of Disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE DETAILS:** Name of the Spouse If spouse is Govt. Employee (**YES / NO**):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Yes (Teacher / Other Government Employee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If Teacher ( All details to pop-up automatically from date base)** Treasury ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Dist.:\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Not Teacher (Other Government Employee)** Aadhar No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designatioin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Office:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the District:\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp.ID:\_\_\_\_\_\_\_\_\_\_

 **PAGE NO.2**

 **EDUCATIONAL QUALIFICATIONS Details of SSC or Equivalent Examination Passed** Name of the Certificate(SSC/SSLC/CBSE/Others):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_ First Language:\_\_\_\_\_\_\_\_ Month & Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_ Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certificate No.\_\_\_\_\_\_\_\_\_\_

**Details of Intermediate or Equivalent Examination Passed** Name of the Certificate(BIE/CBSE/APOSS/Others):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_ First Language:\_\_\_\_\_\_\_\_ Month & Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_ Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Certificate No.\_\_\_\_\_\_\_\_\_\_ **Details of Degree or Equivalent Examination Passed (Maximum of 4 Degrees Accepted)** Name of the Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (1):\_\_\_\_\_\_\_\_\_\_\_\_ Optional (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_\_\_ Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_ Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (1):\_\_\_\_\_\_\_\_\_\_\_\_ Optional (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_\_\_ Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_ Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (1):\_\_\_\_\_\_\_\_\_\_\_\_ Optional (2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional (4):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_\_\_ Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_ Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Post Graduation or Equivalent Examination Passed (Maximum of 2 PGs Accepted)**

Name of the PG Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional(1):\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certficate No.:\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_\_\_\_\_\_Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the PG Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional(1):\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certficate No.:\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_ Max.Marks:\_\_\_\_\_\_\_\_\_\_\_\_\_Marks Secured(Including Language)\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PAGE NO.3**

 **PROFESSIONAL QUALIFICATIONS**

**Details of B.Ed.,/B.P.Ed., or Similar Examination Passed (Maximum of 2 Degrees is Accepted)** Professional Graduation:( B.Ed.,/B.P.Ed.,/D.Ed.,/TTC/LPT/HPT/Others):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology (1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology(2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology(3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Marks:\_\_\_\_\_\_\_\_\_\_\_\_ Marks Secured(Including Languages):\_\_\_\_\_\_\_\_\_\_\_

Professional Graduation:( B.Ed.,/B.P.Ed.,/D.Ed.,/TTC/LPT/HPT/Others):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology (1):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology(2):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Methodology(3):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month & Year of Passing:\_\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maximum Marks:\_\_\_\_\_\_\_\_\_\_\_\_ Marks Secured(Including Languages):\_\_\_\_\_\_\_\_\_\_\_

 **Details of M.Ed.,M.P.Ed., or Similar Examination Passed** Professional Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Max.Marks:\_\_\_\_\_\_\_\_Marks Secured(Including Lang.): \_\_\_\_\_\_

Professional Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_Hall Ticket No.:\_\_\_\_\_\_\_\_\_\_\_\_ Month&Year of Passing:\_\_\_\_\_\_\_\_\_\_ Name of the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Max.Marks:\_\_\_\_\_\_\_\_Marks Secured(Including Lang.): \_\_\_\_\_\_

 **DETAILS OF FIRST APPOINTMENT** Compassionate/Medical Invalidation/ DSC Selected Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Selected Roster Point:\_\_\_\_\_\_\_\_ Date of First Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_Category of the Post:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointing Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In which Management:\_\_\_\_\_\_\_\_\_\_\_\_ Category of the Post:\_\_\_\_\_\_\_\_\_\_\_ Name of the Service:\_\_\_\_\_\_\_\_\_\_

 **PROMOTIONS** Did you Get Promoted (YES/NO):\_\_\_\_\_\_\_\_ No.of Promotions(As many as affected)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| District | Mandal | School | Medi-um | Subject | Category of the Post | Date of Promotion | Date of Joining in Promotion Post |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **PAGE NO.4 DETAILS OF DEPARTMENTAL TEST PASSED** Have You Passed any Departmental Tests (YES/NO): \_\_\_\_\_\_\_\_ No.of Test ( as many as you have passed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the Examination Passed** | **Registed No.** | **Gazette No.** | **Passed Year** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

 **TRANSFER DETAILS** If Inter District / 610 Transfer is Applicable (YES/NO):\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Affected: (Inter Dist./610):\_\_\_\_\_\_\_\_\_\_\_\_\_From Dist.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_From Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Category of the Post:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Joining in Present District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medium:\_\_\_\_\_\_ On Transfer Allotted Mandal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On Transfer Allotted School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NO.OF TRANSFERS (as many affected) Date of First Appointment to Present**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| District | Mandal | School | Medium | Subject | Category of the Post | From Date | To Date |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

 **HEALTH CARD DETAILS** Health Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No.of Dependents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** |  **Name**  | **Relation** | **Health Card No.** | **Aadhar No.** | **Date of Birth** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**INSTRUCTIONS:**1)Please keep your Mobile Phone-we will send you OTP to this number.2) We have mapped all your mobile phones with your treasury ID. If the mobile number you enter is not matching our database, NO OTP will be sent. 3) In such cases If you are a primary school teacher, please contact your MEO for OTP, and if you are an Upper Primary School or High SchoolTeacher please contact your Dy.E.O.

**Supplied by STU**