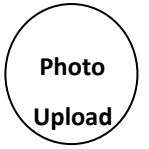


TEACHER PERSONAL DETAILS

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



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: _____

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:_____ Certificate 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:_____ Certificate No.:_____ Name of the University:_____

Max.Marks:_____ Marks Secured(Including Language)_____ Hall Ticket No.:_____

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	Registered 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.