

CHECK LIST-JANGAON DISTRICT
SERVICE PARTICULARS OF SGT & EQUIVALENT CADRE FOR PROMOTION TO THE POST OF SCHOOL ASSISTANTS

1	Sl. No. in Seniority list			
3	Employee ID			
4	Name of the Employee			
5	Name of the School			
6	Mandal			
7	Present Designation			
8	Medium			
9	Initial Appointed Management (LB/GOVT)			
10	School UDISE Code			
11	Caste			
	If SC,Please mention Sub caste & Group			
12	Gender			
13	Academic Qualifications			
14	Professional Qualifications	Method 1	Method 2	Month & Year of Passing
	TTC / D.Ed / LPT / HPT			
	B.Ed / B.P.Ed/Equivalent			
15	Date Of Birth (DD-MM-YYYY)			
16	Date of First Appointment (DD-MM-YYYY)			
17	If Appointed As Spl.Teach, Mention the Date Of Regular Scale Awarded (DD-MM-YYYY)			
18	If appointed as special V.V date of acquiring minimum qualification			
19	Year Of DSC			
20	DSC List (I, II, III)			
21	DSC Rank			
	DSC Marks			
22	Type of Inter District Transfer (administrative / request)			
23	Inter District Transfer Date (DD-MM-YYYY)			
24	If appointed in aided, Date of Absorption From Aided Post (DD-MM-			
25	DIES-Non period if any			
26	Date of seniority to be counted in present cadre (DD-MM-YYYY)			
27	PHC (YES/NO)			
28	If PHC Yes Type of PHC (OH/VH/HI/MR/ Multiple Disability)			
29	In case of Multiple Disability, Specify the Disabilities			
30	% of PHC			
31	Whether charges are pending (Yes/No)			
33	Whether any punishment is inforce Yes / No			
34	Whether Eligible for Promotion (Yes / No)			
35	Mobile No.			
	Whether Relinquished for Promotion in Previous counsellings ?	1st time : (Yes / No), If Yes specify Year :		
		2nd time : (Yes / No), If Yes specify Year :		

I do here by declare that the above service particulars furnished by me are true with reference to the original Service Register and original qualification certificates and found correct. If any information found to be incorrect/false /bogus,my candidature may be cancelled and disciplinary action may be initiated against me as per rules.

IMPORTANT NOTE:

ENCLOSE ATTESTED COPIES OF ALL DOCUMENTS IN SUPPORT OF ABOVE MENTIONED DETAILS

Remarks of the Verifying Officer :

Signature of the Applicant

Date:_____

Mobile No:_____

Signature of the Verifying Officer

Date:_____