

Service Certificate in the Present School

(Rule 6 (i) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

Date of Joining in the Present School....._____

Category of the Present School_____ Completed Service in the present school

as on 30.04.2017 :_____ Years _____ Months _____ Days.

No. of Points he / she is eligible for :

Certify that the particulars of the individual furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Candidate

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Service Certificate of Total Service

(Rule 6 (iv) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

Date of Joining in the Service:..... Completed Service in total from the
joining in Service as on 30.04.2017:Years Months:..... Days.

No. of Points he / she is eligible for _____

Certify that the particulars of the individual furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Candidate.

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Spouse Certificate

(Rule 7 (iii) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

My spouse Sri / Smt._____

Working as (Designation): _____ Treasury ID No._____

UDISE Code:_____ Name of the School / Office_____

Name of the Village / Town:_____ Name of the Mandal:_____

Phone No. _____

No. of Points he / she is eligible for _____

I declare that I am applying for transfer with these special points and either I or my spouse is not applying / availed for these points in his / her transfer in the last 5 Years (for HM Gr-II) / 8 Years (for teachers). Further I declare that I will opt for transfer nearer to and towards the place of working of my spouse. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Teacher.

Signature of the Head Master

Counter Signature of the Authority*

Encl: Service Certificate of the spouse with a declaration that these special points were not availed by them in the last 5 Years (for HM Gr-II) / 8 Years (for teachers)

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Declaration of the Teacher applying under spouse

(Rule 7 (iii) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

I _____ working as _____ at
_____ School _____ Mandal do here by certify that I

and my spouse have not availed spouse category in transfers for the past 5/8 years , if any
information found false on later date I will be liable for any punishment under CCA rules.

Signature of the Teacher

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of NCC/Bharat Scouts & Guides

(Rule 7 (iv) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School: _____ UDISE Code:_____

Name of the Mandal: _____ Phone No._____

I certify that the individual has been working in the school as NCC Officer with _____ wing since (Date) and completed 5/8 years service as on 30.04.2017 in the school. If any information is found incorrect by the authorities you are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Commandant Officer

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate on Rationalisation Points

(Rule 8 of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

I certify that the individual has been working in the school since _____(date) and NOT Completed 5/8 years service as on 30.04.2017 in the school and he / she has been affected by the rationalization process. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Candidate.

Signature of the Head Master.

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of increasing of School Enrollment

(Rule 9 (a) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

Enrolment		No.of increased	% of increased	Enrolment		No.of increased	% of increased
2014-15	2015-16			2015-16	2016-17		

No. of Points he / she is eligible for _____

Certify that the particulars furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities I am liable for disciplinary action in addition to prosecution, initiated by the authorities. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Candidate

Signature of the DyEO / MEO / Headmaster

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate for Transition of Children

(Rule 9 (b) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

Class	No. of Children		Transition %
	2015-16	2016-17	
1 st to 2 nd			
2 nd to 3 rd			
3 rd to 4 th			
4 th to 5 th			
5 th to 6 th			
7 th to 8 th			
8 th to 9 th			

No. of Points he / she is eligible for : _____

Certify that the particulars furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Headmaster

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of National /State Teacher Awards

(Rule 10 (a) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

Category of the Award (National/State) : _____ Date of Receipt: _____

No. of Points he / she is eligible for _____

I declare that I am applying for transfer with these performance points and not availed this preferential category in the last 5 Years (in case of HM Gr-II) / 8 Years (in case of Teachers). If any information found incorrect by the authorities, I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Candidate

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of CCE/SLAS/3Rs

(Rule 9 (C) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

The following table shows the CCE, 3Rs and SLAS percentage of the above Teacher.

Name of the test	80 % and above	>= 50 to 80	>=25 to 50
Avg. Of (4 FAs+S1+S2) Marks For Class I			
3Rs (Class: II & III)			
SLAS (Class: IV & V)			
CCE (Class: VI to IX)			

If any information found incorrect by the authorities, I am / we are, liable for disciplinary action in addition to prosecution, initiated by the authorities

No. of Points he / she is eligible for _____

Signature of the Headmaster

Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of School Pass percentage in SSC .

(Rule 9 (d) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

Year	No. of Students Appeared	No. of Students Passed	Pass % (2 Years Average)
2015-16			
2016-17			

No. of Points he / she is eligible for _____

Certify that the particulars furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Headmaster

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of subject wise performance in SSC .

(Rule 10 (c) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

Year	No. of Students Appeared	No. of Students Passed	Pass % (2 Years Average)
2015-16			
2016-17			

No. of Points he / she is eligible for : _____

Certify that the particulars furnished above are verified with the available records and are found correct. If any information is found incorrect by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the Headmaster

Counter Signature of the Authority*

Certificate of Conduct of Sports & Games / Science fares / Inspire Exhibitions
(Rule 10 (d) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____
Name of the Teacher: _____ Designation : _____
Name of the School: _____ UDISE Code: _____
Name of the Mandal: _____ Phone No. _____

I certify that the individual has participated _____
_____ (Sports & Games/ Inspire / Science Fares/) at National/State level and applying for
transfer with these performance points. If any information is found incorrect by the
authorities we are liable for disciplinary action in addition to prosecution, initiated by the
authorities.

No. of Points he / she is eligible for _____

Signature of the Head Master

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of MDM indent submission

(Rule 9 (e) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School: _____ UDISE Code:_____

Name of the Mandal: _____ Phone No. _____

Certified that the above teacher who is working as Headmaster has submitted MDM online indent for Food Grains as Confirmed by **NIC Data**.

No. of Points he / she is eligible for _____

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO.

Certificate of submission of MDM Daily Report

(Rule 9 (f) of GO MS No: 32 dt:4.6.2017)

Transfer Application No: _____ Treasury ID No: _____

Name of the Teacher: _____ Designation : _____

Name of the School: _____ UDISE Code: _____

Name of the Mandal: _____ Phone No. _____

Certified that the above teacher who is working as Headmaster has submitted Online MDM Report through APP/SMS sending on number of students taking meals on every working day as mentioned bellow after verifying of this office records .

No. of Points he / she is eligible for _____

Counter Signature of the Authority*

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO

Certificate of E – knowledge hub Registration

(Rule 7 (vi) of GO MS No: 32 dt:4.6.2017)

Transfer Application No:_____ Treasury ID No:_____

Name of the Teacher:_____ Designation :_____

Name of the School:_____ UDISE Code:_____

Name of the Mandal:_____ Phone No._____

This is to certify that the above Teacher/Headmaster registered in A.P. e knowledge exchange (A.P.Subject Forum) and actively utilizing the same.

No. of Points he / she is eligible for _____

Signature of the Teacher/ Headmaster

*Signature of the counter authority

* Authority i.e., in case of teachers in PS and UPS, MEO / in case of HS, HM / in case of HM, DyEO