

Particulars of Un-Trained and Scheduled Tribe Teachers in Plain & Agency Area

School UDISE Code:		Mandal:	
Name of the School:			
Name of the Teacher:		Treasury ID No.	
Designation:		Gender:	
	DD	MM	YYYY
Date of Birth:			
Date of Joining in to Service:			
Year of DSC		HT No.	Panel No.
First Appointment	Name of the School:		Management
	Mandal:		Area (Plain / Agency)
Are you a trained teacher at the time of appointment (Trained / Un-Trained) :		Area to which you belong (Plain / Agency) [for STs Only]:	
* Academic Qualifications *			
	Date	Month	Year
SSC:			Name of the Board / University
Intermediate:			
Degree-1			
		Subjects:	
Degree-2			
		Subjects:	
Post Graduation-1			
	Subject:		Percentage:
Post Graduation-2			
	Subject:		Percentage:
* Professional Qualifications *			
	Date	Month	Year
TTC / D.Ed., U.G.P.Ed:			Name of the Board / University
B.Ed., / B.P.Ed.,			
Methodologies			

Certify that above particulars furnished by me are true.

Signature of the Teacher

Cell No.

Certify that above particulars are Verified with Service Register and Certificates.

Signature of HM Gr-II/MEO