

Certificate for Increase in Enrolment
[Under Rule 6.B. (a)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Enrolment		No. increased	% increased	Enrolment		No. increased	% 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.

Signature of the Dy E O / MEO /Headmaster

Certificate for Transition of Children
[Under Rule 6.B. (c)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Class	No. of Children		Transition %
	2015- 16	2016- 17	
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

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 NCC & 5/8 Years [Under
Rule 7(4)]**

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

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 _____.2017 in the school. If any information is found in correct by the authorities we are liable for disciplinary action in addition to prosecution, initiated by the authorities.

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 Rationalization Points
[Under Rule 8]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

I certify that the individual has been working in the school as since _____ (date) and **NOT Completed 5/8 years service as on _____.____.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 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 School Average in SSC
[Under Rule 6.B. (d)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

SSC Code: _____.

Year	No. of Students Appeared	No. of Students Passed	Pass %
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 of HS, HM/ in case of HM, DyEO.

Certificate on Subject wise Percentage in SSC
[Under Rule 6.C. (d)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

SSC Code: _____.

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

No. of Point she / 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 of HS, HM/ in case of HM, DyEO.

Declaration for Unmarried Female Teachers/ Headmistress Gr-II [Under Rule 7(2)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

I declare that I am unmarried as on _____.2017. Further **declare that I have not availed these points in the last 5 Years (for HM Gr.-II) / 8 Years (for teachers)**. If any information is found in correct 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 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.

Service Certificate in the present School

//Under Rule6 (b)//

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

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 ____ . ____ . 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 in correct by the authorities I am/we are, liable for disciplinary action in addition to prosecution, initiated by the authorities.

Signature of the DyEO /MEO /Headmaster

SPOUSE CERTIFICATE

This is to certify that Sri/Smt W/o or
H/o.....has been
working asin the Office/School of
..... since..... He / She has not
availed spouse priority Transfer / Rationalization for last 5 / 8 years.

Station:

Signature of the Concerned Authority

Date :

DECLARATION BY THE TEACHER APPLYING UNDER SPOUSE

I namely (.....) 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 am liable for punishment.

Station:

Signature of the teacher

Date :

WILLING LETTER FOR SHIFTING UNDER RATIONALISATION

I.....working as..... in
.....school
..... Mandal.do here by extends my willingness to
be shifted to other school along with post under rationalization as per Govt. orders in
Force. I am to opt school in fourth coming transfer counseling.

Station:

Signature of the teacher

Date :