

TEACHER PERSONAL DETAILS

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

Photo

Upload

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: _____ Present 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.: _____
Designation: _____ 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.:_____

PROFESSIONAL QUALIFICATIONS**Details of B.Ed.,/B.P.Ed., or Similar Examination Passed (Maximum of 2 Degrees is Accepted)**

Professional Graduation:(B.Ed.,/B.P.Ed.,/D.Ed.,/TTC/LPT/HPT/Others): _____
 Hall Ticket No.: _____ Methodology (1): _____ Methodology(2): _____
 Methodology(3): _____ Month&Year of Passing: _____ Name of the University: _____
 _____ Maximum Marks: _____ Marks Secured(Including Languages): _____

Professional Graduation:(B.Ed.,/B.P.Ed.,/D.Ed.,/TTC/LPT/HPT/Others): _____
 Hall Ticket No.: _____ Methodology (1): _____ Methodology(2): _____
 Methodology(3): _____ Month & Year of Passing: _____ Name of the University: _____
 _____ Maximum Marks: _____ Marks Secured(Including Languages): _____

Details of M.Ed.,M.P.Ed., or Similar Examination Passed

Professional Graduation: _____ Hall Ticket No.: _____ Month&Year of Passing: _____
 Name of the University: _____ Max.Marks: _____ Marks Secured(Including Lang.): _____

Professional Graduation: _____ Hall Ticket No.: _____ Month&Year of Passing: _____
 Name of the University: _____ Max.Marks: _____ Marks Secured(Including Lang.): _____

DETAILS OF FIRST APPOINTMENT

Compassionate/Medical Invalidation/ DSC Selected Year: _____ Selected Roster Point: _____
 Date of First Appointment: _____ Category of the Post: _____ Appointing Authority: _____
 _____ District: _____ Mandal: _____ Village: _____
 In which Management: _____ Category of the Post: _____ Name of the Service: _____

PROMOTIONS

Did you Get Promoted (YES/NO): _____

No.of Promotions(As many as affected)

District	Mandal	School	Medi -um	Subject	Category of the Post	Date of Promotion	Date of Joining in Promotion Post
1							
2							

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	G .O Test paper Codes: 88 & 97			
2	E .O Test paper Code: 141			
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
1					
2					
3					
4					
5					
6					

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 School Teacher please contact your D.E.O.