

Service Certificate in the Present School
[Under Rule 6 (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 31.08.2015 : _____ 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 DyEO / MEO / Headmaster

Service Certificate of Total Service
[Under Rule 6 (d)(ii)]

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 Service: _____ Completed Service in total from the
joining in Service as on 31.08.2015: _____ 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 DyEO / MEO / Headmaster

Note: 0.5 point for every year of completed service in the total service.

Declaration for National / State Awardees
[Under Rule 6.A. (a)]

Transfer Application No. _____ Treasury ID No. _____
Name of the Teacher: _____

UDISE Code: _____ Name of the School _____
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 Individual

Counter Signature of the Authority*

Encl: Copy of Certificate counter signed by 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 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
2012-13	2013-14			2013-14	2014-15		

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 DyEO / MEO / Headmaster

Certificate for Average Attendance of Children
[Under Rule 6.B. (b)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Year	No. Of Children	Total Attendance	Working Days	% of Attendance
2013-14				
2014-15				

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 EO/ 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 %
	2013-14	2014-15	
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 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 %
2013-14			
2014-15			

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 Teacher Attendance at Present Cadre
[Under Rule 6.C. (a)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Year	No. of Working Days	No. of Days Attended	% of Attendance (2 Years Average)
2013-14			
2014-15			

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.

Declaration on Children studying in Govt. Schools
[Under Rule 6.C. (b)]

Transfer Application No. _____ Treasury ID No. _____
Name of the Teacher: _____

UDISE Code: _____ Name of the School _____
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 performance points and **my spouse is not applying for these points.** 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 Teacher

Counter Signature of the Authority*

Encl: Copies of Study Certificates counter signed by 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 for Raising funds
[Under Rule 6.C. (c)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

Name of the Mandal: _____ Phone No. _____

Year	Worth of Funds / material / property / infrastructure in Rs.	Total worth of Rs.
2013-14		
2014-15		

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*

Encl: Photographs of Property/Material

* Authority i.e., in case of teachers in PS and UPS, MEO / in case 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)
2013-14			
2014-15			

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.

Declaration on Residing at Working Habitation
(Applicable to identified Category-IV Habitations only)
[Under Rule 6.C. (g)]

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 **residing at the Working Habitation for last Two years, (i.e., From date: _____ to 31.08.2015)** in Door No. _____
Street: _____, Village: _____ and applying for transfer with these performance points. If any information 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 Teacher

Counter Signature of the Authority*

Encl: Copies of Rent Receipts / House Tax / Electricity Bills

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

Certificate on Conduct of Exhibitions
[Under Rule 6.C. (h)]

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 have conducted _____
(Science Projects, Shows / Green Crops / Arts etc.,) at school 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 Headmaster

Counter Signature of the Authority*

Encl: Copies of Photographs

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

Declartion 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 31.08.2015. Further **declare that I have not availed these points in the last 5 Years (for HM Gr.-II) / 8Years (for teachers)**. 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 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.

Declaration for Spouse Points
[Under Rule 7 (3)]

Transfer Application No. _____ Treasury ID No. _____

Name of the Teacher: _____

UDISE Code: _____ Name of the School _____

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.

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

Signature of the Teacher

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.

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 31.08.2015 in the school. 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 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 31.08.2015** 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 for Disciplinary Cases
[Under Rule 10 (a)]
This Certificate is Mandatory to all Teachers

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 I have verified the available records and the individual has **NOT-received /received minor or major punishments from last two academic years**. 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 to be deducted from him / her towards punishment/s for _____.

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.