

COVERSION OPTION FORM :: SPSR NELLORE DISTRICT
CONVERSION TO THE POST OF SCHOOL ASSISTANT::

MANGEMENT ::ZP /Govt.

MEDIUM

- | | | |
|----|--|-------|
| 1 | NAME OF THE TEACHER | :- |
| | TREASURY ID | :- |
| 2 | DESIGNATION | :- |
| 3 | SCHOOL NAME | :- |
| 4 | SCHOOL CODE | :- |
| 5 | MANDAL | :- |
| 6 | Date of birth as per SSC | :- |
| 7 | COMMUNITY | :- |
| 8 | ACADEMIC QUALIFICATIONS | :- |
| 9 | PROFESSIONAL COURSE QUALIFICATIONS | :- |
| | | 1) |
| 10 | METHODS OF TEACHING IN PROFESSIONAL COURSE | :- 2) |
| | | 3) |
| 11 | DATE OF APPOINTMENT IN PRESENT CADRE | :- |
| 12 | DATE OF APPOINTMENT IN LOWER CADRE (SGT/EQUIVALENT) | :- |
| 13 | DSC YEAR | :- |
| 14 | Whether the individual joined in the District on Inter District Transfer or transferred on 610 G.O | :- |
| 15 | Date of joining in the District or Inter District Transfer | :- |
| 16 | ARE YOU WILLING FOR CONVERSION TO THE POST OF SA _____ | |
| 17 | CONTACT NUMBER | :- |

I declare that, the above information furnished by me is true. If any deviation in this regard, I will held responsible for the disciplinary action taken by the competent authority.

SIGNATURE OF THE INDIVIDUAL

Certified that, the above particulars are verified with the service register and original certificates of the individual and he is eligible for conversion to the post of SCHOOL ASSISTANT _____

SIGNATURE OF THE HEAD OF THE INSTITUTION